



Enrollment Verification Request

Office of the Registrar • 100 Grant Street, De Pere, WI 54115 • (920) 403-3216

(Fill in name and address of office, agency or firm where you want this information sent)

TO: _____

SUBJECT: ENROLLMENT CERTIFICATION STATUS FOR:

(STUDENT NAME)

(Social Security Number)

DATE: _____

I WISH THE FOLLOWING NUMBERED ITEMS VERIFIED BELOW: 1 2 3 (please circle)
STUDENTS: **DO NOT WRITE BELOW THIS LINE.**

I hereby certify that a review of the official (pre-) enrollment records of St. Norbert College has shown the following record(s) for the above named student:

1 SEMESTER I, 20 ____ - ____ Full-time Half-time Less than half-time Not Enrolled
Beginning Date: _____ Ending Date: _____

2 SEMESTER II, 20 ____ - ____ Full-time Half-time Less than half-time Not Enrolled
Beginning Date: _____ Ending Date: _____

3 SUMMER SESSION, 20 ____ - ____ Full-time Half-time Less than half-time Not Enrolled
Beginning Date: _____ Ending Date: _____

DATE: _____

SIGNED: _____

Richard Guild, Registrar
(School Seal)