



4014 LaSalle Street, Monroe, LA 71203 FAX (318) 342-3747

ENROLLMENT VERIFICATION REQUEST FORM

Student Name (Print) _____

Last

First

M.I.

Student Signature _____

Student I.D. Number _____ - _____ - _____ Date of Birth _____

Send to: Name _____

Address _____

Address _____

City _____ State _____ Zip _____

FAX _____

Verification Semester: (Circle one) Fall / Spring / Summer Year: 200__

Check one: Mail to address above ___ Hold for student pick up ___ FAX ___

OFFICE USE: Hours at close of Add/Drop _____

Withdrawal Course Hours _____

Date(s) of Withdrawal _____

Hours at time of request _____

Degree Program _____