



STUDENT SERVICES DEPARTMENT
REQUEST FOR LETTER OF ENROLLMENT

Please allow 24-48 hours for Letter of Enrollment to be completed (excluding delivery). You may experience delays during peak periods.

NAME: _____

PROGRAM: _____

SSN: _____ PHONE #: _____

DATE OF REQUEST: _____

REASON FOR LETTER: Health Insurance Jury Duty Loans
 Military Discount Travel Discount
 Other: _____

PLEASE CIRCLE ONE: Pick Up Mail

If letter is to be mailed, please provide:

ORGANIZATION: _____

ATTENTION: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

For purposes other than financial aid, academic full-time status will be defined as 9 credit hours and above due to classroom and clinical requirements.

**For financial aid purposes, the Department of Education defines full-time as a minimum of 12 credit hours during a period of enrollment.*

Student Signature

Date