



POST UNIVERSITY
OFFICE OF THE REGISTRAR
800 Country Club Rd. Waterbury, CT 06723-2540
Phone: 203.591.7123 Fax: 203.841.1152

VERIFICATION OF ENROLLMENT

- Online Student
- Main Campus Student
- Full-time
- Half-time
- Less than half-time
- 1 - Spring
- 2 - Summer
- 3 - Fall

Degree Enrolled In: _____ Enrolled From: _____/_____/_____
Anticipated Grad. Date: _____/_____/_____ To: _____/_____/_____

PLEASE SEND THIS INFORMATION TO:

Name & Title

Institution/Company

Street

City, State, Zip

Name: _____
Student ID: _____
Date of Birth: _____/_____/_____

Student's Signature
(Authorized Release of Information)

OFFICIAL USE ONLY

I CERTIFY THAT THE FOLLOWING INFORMATION PROVIDED BELOW IS CORRECT:

- Online Student
- Main Campus Student
- Full-time
- Half-time
- Less than half-time
- 1 - Spring
- 2 - Summer
- 3 - Fall

Degree Enrolled In: _____ Enrolled From: _____/_____/_____
Anticipated Grad. Date: _____/_____/_____ To: _____/_____/_____

Certified By: _____
Title: _____
Date: _____/_____/_____

(SEAL)