



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 (or email)

City, State, Zip (leave blank if emailing)

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

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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)