

ENROLLMENT/ GRADUATION VERIFICATION FORM

OFFICE OF THE REGISTRAR

Please provide the following information to assist us with your enrollment/graduation verification request. Be sure all information is filled out completely in order for the request to be processed in a timely manner. If you currently have a financial obligation outstanding to the university, your form is illegible, or your contact information is not current your request will be delayed. **This form is also to be used to request for a deferment ofyour loans.**

Processing time is 3-5 business days except during peak periods. We do not provide expedited processing of verifications. An e-mail confirmation will be sent when the request has been processed.

Verifications of Enrollment/Graduation are free of charge. Roseman University of Health Sciences is not responsible for lost or misdirected mail.

Save as a PDF after completing form and attach any additional documents if needed. Email directly to registrar@roseman.edu

Student/Alumni Information

Signature:

(Signature must be included on form for processing.)

CHECK HERE IF CONTACT INFORMATION IS UPDATED

Last Name		First Name		MI	Student ID No.
					0000
Former Nan	ne				Date of Birth
Current Add	ress City	State	Zip Code		Phone Number
Re	Roseman E-mail Address		Alternative E-mail Address		Types of Letters & Quantity
Program Atte	ended & Year of Graduation:	Campus:	Henderson	South Jordan	Enrollment Graduation Choose ONE of the Following: Standard Letter JuryDuty-Include Jury Summons
Class o	Class of		rew		Academic Standing-No GPA Form Attached-No Letter Needed
l		Deliver	y Method		
ecipient 1					
Email:		Mail:			Account number (if applicable
::					
ecipient 2					
Email:			Mail:		Account number (if applicable
	Dagamar	University of U	lealth Sciences is not	responsible for lost or	misdirected mail

Date: