ROSEMAN UNIVERSITY OF HEALTH SCIENCES

ENROLLMENT/GRADUATION VERIFICATION FORM

OFFICE OF THE REGISTRAR

Use this form to request verification of enrollment or graduation status. Please allow 3–5 business days for processing. Verifications are free of charge.

Student Information

_____

Last Name   First Name   Middle Name

_____

Former Name

_____

Student ID or DOB   Roseman E-mail or Personal E-mail

Program : _____   Campus : _____

Verification Type: [ ] Enrollment   [ ] Graduation   Quantity: _____

Choose one of the following

[ ] Standard Letter   [ ] Academic Standing   [ ] No Letter Needed-Complete Attached Document

Recipient Information

Recipient Name: _____

E-mail or Mailing Address: _____

_____

_____

Signature _____   Date _____

(Form must be signed for processing. Electronic, Typed and Handwritten Signatures Accepted.)

Roseman University of Health Sciences is not responsible for, undeliverable mail or e-mails.