

Send completed form to registrar@roseman.edu

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.)