ROSEMAN UNIVERSITY OF HEALTH SCIENCES

ENROLLMENT/GRADUATION VERIFICATION FORM

OFFICE OF THE REGISTRAR

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.)