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.)