

VERIFICATION LETTER REQUEST

PLEASE ALLOW 7 - 10 WORKING DAYS FOR PROCESSING. IF MAILING, PLEASE SEND TO: VERIFICATIONS, RECORDS OFFICE, CAL POLY, SAN LUIS OBISPO, CA 93407 OR FAX TO 805-756-7237.

Student's Name: _____
(Please Print) Last First Middle Initial

Date of Birth: _____

EMPL ID#

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OR

Last four digits Soc.Sec.#

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Mail, FAX or Pick Up Verification Letter To: (Print)

*Please provide any helpful referencing info.
(i.e.: policy #'s/policy holder name):*

Zip Code _____

Student's Signature: _____ **Date:** _____

Certify enrollment for CURRENT term: (You MUST be registered for the term(s) selected.)

Winter 200__ Spring 200__ Summer 200__ Fall 200__

Please check one:

- Full time. (Undergraduate = 12.0 units or more / Graduate = 8.0 units or more)
- Half time. (Undergraduate = 6.0 to 11.5 units / Graduate = 4.0 to 7.5 units)
- Part time. (Undergraduate = 1.0 to 5.5 units / Graduate = 1.0 to 3.5 units)

Certify enrollment for previous term(s):

Please note: Verification for enrollment for terms prior to Fall 1987 will require additional processing time.

- Certify enrollment for specific term(s). Please list these terms: _____

- Certify enrollment for ALL previous terms.

- Certify Higher Education GPA Certify Term GPA (designate Term): _____
- Certify Degree Awarded
- Certify Anticipated Graduation Date (Only when Graduation Evaluation has been initiated). ***If you have NOT yet submitted your Grad Evaluation Request, please state your expected graduation date: _____