ENROLLMENT/DEGREE VERIFICATION REQUEST

Office of the Registrar
First Floor, Mitchell Building
College Park, MD 20742
Fax: 301.314.9568

PLEASE NOTE: In order to ensure timely and accurate processing of your request, please complete all sections of this form. For your convenience, students enrolled since 1972 may request verifications online at www.registrar.umd.edu.

STUDENT IDENTIFICATION # (UID OR SSN)	DATE OF BIRTH(MMDDYY)
| | | - | | | - | | | |	

LAST NAME   FIRST NAME   M.I.

LAST NAME (PREVIOUS)

EMAIL / PHONE

TODAY'S DATE:

_____

DEADLINE (IF ANY) :

_____

Requests are processed in the order of receipt. If there is a deadline, every attempt will be made to meet the request, however, the University cannot guarantee that a deadline will be met.

SELECT THE TYPE OF VERIFICATION YOU WISH TO REQUEST:

- ☐ Degree without GPA
- ☐ Degree with GPA (REQUIRES STUDENT SIGNATURE)
- ☐ Degree with GPA and Class Rank (REQUIRES STUDENT SIGNATURE)
- ☐ Enrollment without GPA
- ☐ Enrollment with GPA (REQUIRES STUDENT SIGNATURE)
- ☐ Enrollment and Degree without GPA
- ☐ Enrollment and Degree with GPA (REQUIRES STUDENT SIGNATURE)
- ☐ Enrollment and Degree with GPA and Class Rank (REQUIRES STUDENT SIGNATURE)
- ☐ Semester Enrollment without GPA

    Specify term and year to verify: _____

- ☐ Semester Enrollment with GPA (REQUIRES STUDENT SIGNATURE)

    Specify term and year to verify: _____

- ☐ Student Schedule (REQUIRES STUDENT SIGNATURE)

EXPECTED DATE OF GRADUATION:

_____

Good Student Discount Verifications for insurance purposes will require verification of GPA and therefore must be authorized with the student's signature.

STUDENT SIGNATURE

X
_____

COMPLETE MAILING OR E-MAIL ADDRESS OF VERIFICATION DESTINATION:

Please print clearly. You are responsible for complete and legible information.

This request should not be processed until:

- ☐ Current semester grades have posted
- ☐ Degree has posted