Enrollment Certification Request Form

DEFINITION OF ENROLLMENT STATUS AT USF:

<table>
<thead>
<tr>
<th>Undergraduate or Non-Degree Seeking</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Full-Time Requirements</td>
<td>12 semester hours</td>
</tr>
<tr>
<td>Minimum Half-Time Requirements</td>
<td>6 semester hours</td>
</tr>
</tbody>
</table>

A UNIVERSITY OF SOUTH FLORIDA ENROLLMENT CERTIFICATION, FOR THE CURRENT TERM, INCLUDES THE FOLLOWING INFORMATION:
CURRENT ENROLLMENT DATES, ENROLLMENT STATUS, ACADEMIC LEVEL, COLLEGE, MAJOR, ACADEMIC STANDING, RESIDENCY STATUS AND EXPECTED GRADUATION DATE.

PLEASE FILL IN ALL REQUESTED INFORMATION NEATLY AND COMPLETELY.

Student ID Number____________________________________ Number of Copies Requested_____________

____________________________________________________________________________

Last Name                                                          First Name                                      Middle Initial

Please certify my enrollment for _____ Fall   _____ Spring   _____ Summer   _____ History   _____ (Indicate year)

Certify Degree(s) earned        _____ Yes                             _____ No
Certify GPA                                   _____Yes                             _____ No

Are you currently enrolled in a Cooperative Education Course?  ____Yes      ____No
Are you currently enrolled at another institution or community college?  ____Yes      ____No
If yes, please provide the following information:
Name of Institution: _______________________________________        Enrolled for ________ hours

Note: Proof of enrollment (e.g. tuition receipt, other institution’s certification) must be submitted along with enrollment certification request form.

Please choose one of the following actions: (DUE TO LIMITED RESOURCES, WE ARE UNABLE TO FAX RESPONSES.)

_____  I will pick up. (Normally enrollment certification is completed 3 working days after the request is received.)

_____ Please mail.  (You must write out the address completely on the blanks provided below. If you are enclosing a form, you will still write out the address below as it appears on the form. Otherwise, this certification will be mailed to your permanent address as listed on the student database.)

Name: _______________________________________________________________________________________

Address: _____________________________________________________________________________________

City: ___________________________ State: ___________ Zip: ______________

Attention: _____________________________________________________________________________________

Student Signature: ______________________________                                Date: ________________________

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