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>
<tr>
<td>Graduates</td>
<td>9 semester hours</td>
</tr>
<tr>
<td>Graduate</td>
<td>5 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 _____________
____________________________________________________________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

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 data base.)

Name: _______________________________________________________________________________________

Address: ______________________________________________ _______________________________________

City: ____________________________ State: __________ Zip: ______________

Attention: _____________________________________________________________________________________

Student Signature: ______________________________  Date: ______________________

RBoyd Revised 04/04