

To request verification of your enrollment (full or part-time status), please print, complete and submit this form to the Enrollment Services Office.

ENROLLMENT VERIFICATION

1	LAST NAME (SPACE) FIRST NAME (SPACE) MIDDLE INITIAL																								
2	MACOMB STUDENT ID NUMBER OR SOCIAL SECURITY NUMBER												COUNTY WHERE YOU RESIDE												
3	PRIOR LAST NAME												If you have a name or address change since you last attended Macomb, you <i>must</i> include a copy of your driver's license (front and back) to update your academic record.												
4	DATE OF BIRTH																								
5	STREET NUMBER (SPACE) STREET NAME OR PO BOX																								
6	CITY												STATE					ZIP CODE							
7	AREA CODE			HOME PHONE			AREA CODE			BUSINESS PHONE															

FULL-TIME STATUS LETTER:

_____ SEMESTER YEAR

PART-TIME STATUS LETTER:

_____ SEMESTER YEAR

OTHER:

PICK-UP DATE:

OR

MAIL TO:

NAME

ADDRESS

STUDENT'S SIGNATURE **X**
