



Office of the Registrar
 11301 Springfield Road
 Laurel, Maryland 20708
 Phone: 301-369-2313
 Email: registrar@captechu.edu

Enrollment Verification Request

Please Fill In Information For All Blanks:

Name: _____ Student ID: _____

Current Address: _____

Daytime Phone Number: _____

Degree Program: _____ Requested Semester: _____

Major: _____

Are you registered Part-Time or Full-Time? _____

Estimated Graduation Date: _____

Check One: Will Pick Up Letter
 Please Mail Letter
 (If letter is to be mailed, included full mailing address below)

 Student's Signature Date

ALLOW TWO TO THREE BUSINESS DAYS FOR PROCESSING

FOR OFFICE USE ONLY:
 Prepared and Mailed By _____ Date _____