

Enrollment Verification Letter Request

The Office of Registration and Records

Complete one form for each request:

Name: _____ Student ID Number: _____

Current Address: _____

Daytime Phone Number: _____

Please Check One **Student Will Pick Up Letter**
 Office Will Mail Letter
(If Letter Is To Be Mailed, Included Full Mailing Address Below)

Please Fill In Information For All Blanks:

Degree Program: _____ Requested Semester: _____

Part-Time or Full-Time Registered Student: _____

Degree Earned or Expected (AAS, BS, MS, MBA, DSc): _____

Estimated Graduation Date: _____

Student's Signature

Date

ALLOW TWO TO THREE BUSINESS DAYS FOR PROCESSING

FOR OFFICE USE ONLY:

Prepared And Mailed By _____ Date _____

_____ Logged In (Check When Completed)

11301 Springfield Road, Laurel, Maryland 20708
Tel. 301-369-2313 / Fax: 301-369-2310 / Email: registrar@CapTechU.edu