

Office of the University Registrar Henry Administration Building, Suite 1400 14000 Jericho Park Road Bowie, Maryland 20715 Phone: 301-860-3730 Registrar@bowiestate.edu

ENROLLMENT/DEGREE VERIFICATION REQUEST

Please complete all sections of this form and return to the Registrar's Office or email to <u>Registrar@bowiestate.edu</u>. Enrollment verification for a future semester cannot be completed more than 30 days prior to the start of that term.

Student ID:	Name:
Today's Date:	Telephone Number:
BSU Email Address:	
Tune of Varification (coloct all that apply)	
Type of Verification (select all that apply): Enrollment	
L Enrollment/Degree	
Program/plan	Include GPA: Yes No
Semester Enrollment	
Specify term and year to verify:	
Expected Date of Graduation	
Complete Address, fax number or email addre	ess for verification (print clearly)
	so for vermeation (print clearly).
Please process (select one):	
Immediately After curren Please allow 2-3 business days	t grades have postedAfter degree has posted
Student Signature:	Date:
Registrar's Office Use Only:	
Processed by:	Date: