



## STUDENT ENROLLMENT VERIFICATION FORM

*Please fill in the following information. The Registrar's Office Personnel will verify your enrollment status.*

Student name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Student signature (required)

Date

### FOR REGISTRAR'S OFFICE USE ONLY

Dates of current semester \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Currently enrolled  Yes:  Full time  Part time

No

If student is advance-registered for a semester, please include information here:

\_\_\_\_\_

R.O. initials \_\_\_\_\_

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**Fulton:** 806 West Broadway, Suite 2 • Fulton, New York 13069-1560 • 315.592.4143 • FAX: 315.592.5055

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