

# ACADEMIC STANDING/ENROLLMENT VERIFICATION REQUEST

Office of the Registrar-University of Central Arkansas

## PRINT ALL INFORMATION

\*YOUR NAME: \_\_\_\_\_ ID or SSN: \_\_\_\_\_

\*YOUR MAILING ADDRESS \_\_\_\_\_  
Street Address Apt#  
\_\_\_\_\_  
City State Zip

Expected Graduation Date:  
Month: \_\_\_\_\_ Year: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

This certification will reflect current enrollment as of processing date.

**\* I request that the below indicated information be certified:**

- Letter of Academic Standing, includes GPA
- Verification of Enrollment for current/previous term/year at UCA \_\_\_\_\_
- Verification of Advance Registration for future term/year at UCA \_\_\_\_\_
- Expected graduation date
- Other \_\_\_\_\_

**Specify (form may be provided by student) \* GPA & enrollment info may be released to complete form.**

### \* MAILING/PICK UP INSTRUCTIONS

- Will pick up after **1:00 p.m. 4<sup>th</sup> work day after date of this request**
- Mail to the address indicated on student provided form
- Mail to my address listed above
- Fax to the following name & number: \_\_\_\_\_
- Mail to the following name and address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR OFFICE USE ONLY

- Processed \_\_\_\_\_  
date
- Unable to process,  
Returned to student  
\_\_\_\_\_  
date

By: \_\_\_\_\_

Return to:  
Office of the Registrar  
Harrin Hall, Suite 224  
FAX: 501-450-5734

\*SIGNATURE

\*DATE

**THIS FORM CAN NOT BE PROCESSED IF NOT SIGNED AND DATED**

### \*REQUIRED

It is the total responsibility of the student to provide correct information. Failure to provide correct information may result in a delay processing this Academic Standing/Enrollment Verification form.

**THREE (3) FULL WORKING DAYS REQUIRED TO PROCESS YOUR VERIFICATION. VERIFICATION WILL BE AVAILABLE ON THE 4<sup>TH</sup> WORK DAY AFTER 1:00 P.M.**