

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:**

1. Letter of Academic Standing, includes GPA
2. Verification of Enrollment for current/previous term/year at UCA _____
3. Verification of Advance Registration for future term/year at UCA _____
4. Expected graduation date
5. 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. 4th 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

1. Processed _____
date
2. 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 4TH WORK DAY AFTER 1:00 P.M.