

Enrollment/Graduation Verification Form

Please print all information legibly



REGIS

A CATHOLIC UNIVERSITY IN GREATER BOSTON

Regis College
Office of the Registrar
235 Wellesley St.
Weston, MA 02493

Phone: 781-768-7270 E-mail: registrar@regiscollege.edu

Name: _____ Student ID # _____

E-mail: _____ Phone: _____

Last 4 of SSN: _____ Anticipated Graduation Date: _____

Verification Process and Policies:

- Allow 3-5 business days for processing from date received at Registrar's Office. (This time may increase for peak periods such as registration, final grades posting and commencement)
- The Registrar's Office will *only verify* what was indicated on this form.
- Same day verifications are \$10, otherwise no fee. Must be paid with cash, check or money order. **No credit cards.**

Please select verification:

Which semester is to be verified:

- Fall 20_____
- Spring 20_____
- Summer 20_____

Enrollment Status:

- Fulltime
- Part time
- Don't Specify

Other Verifications:

- Completion of Degree
- Previous Semester: (please indicated semesters)

- Other:

Select One Delivery Method:

- Mail
- Pickup (pickups are valid for one month; after one month a new request form is needed)
- Fax

School/Company Name: _____

Recipient or To-the-Attention-to (required): _____

Street: _____

City: _____ State: _____ Zip: _____

Or

Fax #: _____ To-the-Attention-to: _____

Student Signature (required): _____ Date: _____

FOR OFFICE USE ONLY:

Date Revised 1/18/17

Date Sent _____ () Rush Fee Paid _____