



OFFICE OF THE REGISTRAR
 MARSHALL UNIVERSITY
 One John Marshall Drive
 Huntington, WV 25755
 registrar@marshall.edu
 Fax: 304-696-6476
 ENROLLMENT VERIFICATION



STUDENT:

Last First Middle Maiden

STUDENT ID NUMBER:

TODAY'S DATE:

CURRENT ADDRESS:

ANTICIPATED GRAD DATE:

SIGNATURE:

FOR INSURANCE PURPOSE ONLY

INSURED PERSON'S NAME:

EMPLOYER:

MAIL STATEMENT

NAME:

ADDRESS:

FAX NUMBER:

OFFICE USE ONLY (12 hrs=FT Undergraduate, 9 hrs=FT Graduate, 18 hrs=FT Medical)

This is to certify that

Name	Student ID Number	Number of Hours
Currently enrolled as a:		
Undergraduate	Graduate	Medical Professional
Full Time Student	Three-Quarter Time Student	
Half Time Student	Less Than Half Time Student	
Fall Spring	Summer	

Beginning Date:

Ending Date:

Remarks:

Date:

Respectfully Submitted,

Registrar