



SAINT MARY'S COLLEGE
of California

**OFFICE OF THE REGISTRAR
ENROLLMENT VERIFICATION**

Name (please print)

Student ID# or SS#

Student Signature

Date

Please mark the items to be verified

- Status* (e.g. fulltime)
 - Fall/Autumn
 - January/Winter
 - Spring
 - Summer
 - All (current academic year)
 - Other (specify) _____

*Enrollment will not be verified in advance of a term

- Dates of Attendance
- Major(s)
- Degree Type
- Date of Degree
- GPA (signature required)
- Other (specify) _____
- Hold for pick-up _____
(Ph#)
- Fax to: _____
(Name & fax#)

- Mail to: _____

FOR OFFICE USE ONLY

	Credits*	Fulltime	Halftime	Less than halftime
<input type="checkbox"/> FALL/AUT: ___/___/___ TO ___/___/___	_____	_____	_____	_____
<input type="checkbox"/> JAN/WIN: ___/___/___ TO ___/___/___	_____	_____	_____	_____
<input type="checkbox"/> SPRING: ___/___/___ TO ___/___/___	_____	_____	_____	_____
<input type="checkbox"/> SUMMER: ___/___/___ TO ___/___/___	_____	_____	_____	_____
<input type="checkbox"/> OTHER: _____				

*1 credit = 3.5 semester units

*1 January credit = 4 semester units

- Dates of Attendance: _____
- Major: _____
- Degree Type: _____
- Date of Degree: _____
- GPA: _____
- Other: _____

Authorized Signature of Registrar's Office Date

*Not Official Unless Embossed With the Seal of the College

College Seal*

Office of the Registrar
P. O. Box 4748
Moraga, CA 94575
ph: (925)631-4214
fax: (925)376-8339

