

GRAMBLING STATE UNIVERSITY

ENROLLMENT CERTIFICATION

REGISTRAR'S OFFICE

NAME _____

STUDENT ID _____

TELEPHONE NUMBER _____

This request is for:

___ ENROLLMENT CERTIFICATION: ___ Fall ___ Spring ___ Summer I ___ Summer II of 20 ___

For enrollment certifications please check the information that you would like to appear on the form:

___ Classification ___ Major ___ Cumulative GPA ___ Total Earned Hours ___ Expected Graduation Date

___ LETTER OF ACADEMIC STANDING **(will include academic standing after last attended semester)**

___ GRADUATION VERIFICATION **(will include earned degrees only)** ___ Undergraduate ___ Graduate ___ Both

___ ENROLLMENT HISTORY **(will include all semesters attended)**

___ LETTER STATING YOU NEVER ENROLLED AT THE UNIVERSITY

Delivery Method: **(PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING)**

___ Pick-up **(must present picture ID)**

___ E-mail: _____

___ Fax Attention _____ Fax Number _____

___ Mail _____

Signature _____

Date _____

PRINT, COMPLETE, SIGN, and SUBMIT completed form to the Registrar's Office in person **(Grambling Hall, Suite 18)**, mail **(GSU Registrar's Office, P.O. Box 589, Grambling, LA 71275)**, fax **(318-274-2777)**, or by email

(hinesa@gram.edu)

Processed by _____ Date _____