

GRAMBLING STATE UNIVERSITY

ENROLLMENT CERTIFICATION

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NAME _____

STUDENT ID _____

TELEPHONE NUMBER _____

This request is for:

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

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

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

___ GRADUATION VERIFICATION (include earned degree only) ___ Undergraduate ___ Graduate ___ Both

___ ENROLLMENT HISTORY (include all semesters attended)

___ LETTER STATING YOU NEVER ENROLLED IN UNIVERSITY

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

___ Pickup (must present picture ID)

___ E-mail: _____

___ Fax Attention _____ Fax Number _____

___ Mail _____

Signature _____

Date _____

PRINT, COMPLETE, SIGN AND SUBMIT } u % o š (} Œ u š } š Z Z P] • š Œ Grambling Hall, Suite v
18), mail (' ^ h Z P] • š Œ Œ [• K ((] U W X K X } Œ), fax (618-270-2707), or by email
(pruittc@gram.edu)

Processed by _____ Date _____