GORDON COLLEGE
REQUEST FOR VERIFICATION OF ENROLLMENT

STUDENT'S NAME_____

STUDENT'S ID OR "929" NUMBER _____
(Located on the front of the student ID card)

SEMESTER TO BE
VERIFIED_____

ANTICIPATED GRADUATION DATE (OPTIONAL)
_____

MAIL TO:_____

_____

_____

OR

FAX TO: _____

ATTN: _____

OR

DO NOT MAIL---I WILL PICK THIS UP ON
_____

(PLEASE ALLOW 5 WORKING DAYS)

_____ _____
SIGNATURE OF PERSON MAKING REQUEST DATE