



CARLOW  
UNIVERSITY

Values. Scholarship. Vision.®

## VERIFICATION REQUEST FORM

Carlow ID Number

Last 4 Digits of SSN

Student Name

Last, First, Middle Initial

Former/Maiden Name (if applicable): \_\_\_\_\_

Present Street Address:

City, State, Zip:

Current Daytime Phone:

Verification Mailing Address: (if different than above)

City, State, Zip

Fax Verification to:

*I authorize Carlow University to provide this verification.*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

1. Enrollment verifications are available to any current student.

2. The Registrar's Office can only verify a student as enrolled for the current term. In addition, we can only verify that a student is pre-registered for future semesters.

3. Undergraduate students must be enrolled in 12 credits for full-time status. Graduate students must be enrolled in 6 credits to obtain full-time status.

4. If you are enrolled in a Thesis/Research project that has no credits associated with it, the Registrar's Office **cannot** verify full-time or part-time status.

If you have any questions, please feel free to call our office at 412-578-6389.

Office of the Registrar, 3333 Fifth Ave, Pittsburgh, PA 15213 Fax: 412-578-6689 E-mail: registrar@carlow.edu

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