



Please fill out form and do one of the following things:  
 1. Print, sign and either mail or fax it to us at 215-968-8110  
 2. Save to your computer and email to Carol.Ladd@bucks.edu using your Bucks email account. (Submissions from personal email accounts will not be accepted.)

**ENROLLMENT VERIFICATION/LETTER REQUEST**

Please allow a minimum of 7-10 business days from processing  
 (PLEASE PRINT CLEARLY)

\_\_\_\_\_ Student #

Student's Name \_\_\_\_\_  
 LAST FIRST M

Address \_\_\_\_\_  
 NUMBER STREET APT

\_\_\_\_\_ CITY STATE ZIP

Phone Number \_\_\_\_\_

Student's Major \_\_\_\_\_

ADDRESS LETTER TO:

\_\_\_\_\_ BUSINESS

\_\_\_\_\_ ATTENTION

\_\_\_\_\_ NUMBER STREET

\_\_\_\_\_ CITY STATE ZIP

\_\_\_\_\_ FAX NUMBER

Number of credits I am currently registered for: \_\_\_\_\_

Please state my full-time status: (12 credits = Full-time)  
**\*Note-courses that are withdrawn are not counted as enrolled credits\***

Please state my part-time status (under 12 credits)

For the following semester(s): \_\_\_\_\_

Other information that should be included in the letter:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date of Request

\_\_\_\_\_ Student's Signature