

# ACADEMIC STANDING/ENROLLMENT VERIFICATION REQUEST

Office of the Registrar - University of Central Arkansas

## PRINT ALL INFORMATION

\* YOUR NAME: \_\_\_\_\_ ID #: B \_\_\_\_\_

\* YOUR MAILING ADDRESS  
\_\_\_\_\_  
Street Address Apt #  
\_\_\_\_\_  
City State Zip

Expected Graduation Date:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ UCA E-mail: \_\_\_\_\_ @cub.uca.edu

**NOTE: Verification will reflect information as of processing date.**

\* I request that the below indicated information be verified:

- Current Term Verification of Academic Standing  Include GPA Information
- Verification of Enrollment for Previous Term/Year at UCA \_\_\_\_\_  
Semester/Year
- Verification of Advance Registration for future term/year at UCA \_\_\_\_\_  
Semester/Year
- Expected graduation date \_\_\_\_\_
- Other \_\_\_\_\_

Specify (form may be provided by student) \* GPA & enrollment info may be released to complete form.

### \* MAILING/PICK UP INSTRUCTIONS

- Will pick up after 1:00 p.m. 4<sup>th</sup> work day after date of this request
- Mail to my address listed above
- Mail to the address indicated on student provided form
- Mail to the following name and address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* SIGNATURE

\*DATE

**THIS REQUEST CAN NOT BE PROCESSED IF NOT SIGNED AND DATED**

\* REQUIRED.

### FOR OFFICE USE ONLY

1. Processed \_\_\_\_\_  
date

2. Unable to process,  
Returned to student

\_\_\_\_\_  
date

By: \_\_\_\_\_

Return to:  
Office of the Registrar  
McCastlain Hall, Room 112  
FAX: 501-450-5734

It is the total responsibility of the student to provide correct information. Failure to provide correct information may result in a delay processing this Academic Standing/Enrollment Verification form.

**THREE (3) FULL WORKING DAYS REQUIRED TO PROCESS YOUR VERIFICATION.  
VERIFICATION WILL BE AVAILABLE ON THE 4<sup>TH</sup> WORK DAY AFTER 1:00 P.M..**

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