

# UNIVERSITY OF NEW HAMPSHIRE Enrollment Verification Request

Student Name

STUDENT ID NUMBER

LAST

FIRST

MI

Local Telephone  
include area code

**Semester to be verified**

## Student Information

- Full-Time                       Continuing Education Student  
 Part-Time                         Undergraduate Student

Are you currently involved in an internship?    Yes    No

Major:

Anticipated  
Graduation  
Date

Graduate Student

Are you currently involved in Doctoral Research?    Yes    No

Anticipated  
Graduation  
Date

## Mail Verification to:

- Permanent Mailing Address**  
 **Pick up** (must have picture ID)  
 Other Address (list below)

City

State

Zip

## Processing Instructions:

Mail or Drop-up at the UNH  
Registrar's Office, Stoke Hall Room  
180, 11 Garrison Avenue, Durham,  
NH 03824 or Fax to (603) 862-1817

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**