



UNIVERSITY of NEW HAMPSHIRE

ENROLLMENT VERIFICATION REQUEST

Student ID# (last 4 digits):

* * * - * * -

Student Name: _____

Local Telephone (include area code): _____

SEMESTER TO BE VERIFIED:

SPRING FALL SUMMER

STUDENT INFORMATION:

FULL-TIME STUDENT PART-TIME STUDENT

CONTINUING EDUCATION STUDENT

UNDERGRADUATE STUDENT

Are you currently involved in an internship? YES NO

Major: _____ Anticipated graduation date: _____

GRADUATE STUDENT

Are you currently involved in an assistantship or doctoral research? YES NO

Anticipated graduation date: _____

MAIL VERIFICATION TO:

PERMANENT MAILING ADDRESS

PICK UP (must have picture ID)

OTHER ADDRESS: _____

Student Signature _____ Date _____

Processing Instructions: Mail or Drop-off at the UNH Registrar's Office, Stoke Hall, Room 106, 11 Garrison Ave., Durham, NH 03824 or Fax to (603) 862-0655.