



REQUEST FOR ENROLLMENT VERIFICATION LETTER

Student's Name (Printed): _____

Name at time of attendance if different from above: _____

Last 4 digits of social security number or Student ID number: _____

Phone number at which you may be contacted: _____

Please mark the items below that you need in the letter:

- | | |
|--|--|
| <input type="checkbox"/> Semester starting and ending dates for _____ | <input type="checkbox"/> Academic program |
| <input type="checkbox"/> No. of credit hours carried for the semester | <input type="checkbox"/> Anticipated graduation date |
| <input type="checkbox"/> Status (full time, three-fourths time, half time, less than half time) | |
| <input type="checkbox"/> Semester grade point average (will be in numeric form on a 4.0 scale) | |
| <input type="checkbox"/> Cumulative grade point average (will be in numeric form on a 4.0 scale) | |

Other: _____

MAIL OR FAX THE LETTER TO: _____

ONLY ITEMS THAT CAN BE VERIFIED WILL BE INCLUDED IN THE LETTER.

PROCESSING TIME IS 3-5 BUSINESS DAYS DURING NORMAL ACTIVITY PERIODS & 5-7 BUSINESS DAYS DURING HIGH ACTIVITY PERIODS.

**Request may be submitted to the Office of Student Affairs in person, via mail, or via fax.
Mailing address:** Fletcher Technical Community College, P.O. Box 5033, Houma, LA 70361
Fax: 985-857-3763

STUDENT'S SIGNATURE: _____

For Office Use Only:

Date Req. Rec. by SA: _____ **Date Sent/Issued:** _____ **Initials:** _____

If the request cannot be fulfilled, indicate why: _____
