

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
REQUEST FOR ENROLLMENT CERTIFICATION**

NAME: _____ DATE: _____

SID: _____ DAYTIME TELEPHONE NUMBER: _____

✓ **Please indicate the purpose for which enrollment certification is requested:**

- Loan Deferment of Repayment Health Insurance Tax Purposes
 Good Student Insurance Discount Military ID Credit Card Application
 Verification of Degree Program Scholarship Application
 Other: _____

NOTE: For loan deferment, term enrollment cannot be verified prior to the second week of that term. Future term enrollment requests will be held until the second week of that term. For all enrollment certification requests, term enrollment cannot be reported until the student has paid tuition and fees or arranged a cancellation waiver for the term.

✓ **Please indicate information to be included in letter you are requesting:**

- Term/s enrollment certification requested for (*indicate year*): FALL _____ (Year) SPRING _____ (Year) SUMMER _____ (Year)
- Enrollment status (full-time, part-time, less than half time) for term/s indicated: NO _____ YES _____
- Courses enrolled in for term/s indicated? NO _____ YES _____
- Anticipated graduation date: NO _____ YES _____ If yes, indicate anticipated date _____
We will ONLY report anticipated graduation date if term and year are listed.
- Degree and Major Program: NO _____ YES _____
- Good Standing: NO _____ YES _____
- GPA (May be required for Good Student Insurance Discount): NO _____ YES _____
- Other: _____

✓ **Please indicate below if completed letter:**

- Will be picked up by student --- Allow 4 working days for completion
 Should be mailed to the following address:
Name: _____
Address: _____
Address: _____
City/State/Zip Code: _____
 Should be faxed to attention of: Name: _____
Organization: _____
Fax number: _____ Phone number: _____

✓ **Sign Here:** _____