



ENROLLMENT VERIFICATION FORM

Please submit this form by:

Mail: Chaminade University of Honolulu
Attn: Records Office
3140 Waiialae Ave., Honolulu, HI 96816

Email: records@chaminade.edu

Fax: (808) 735-4777 (must be legible or we may ask to resend)

Or Call us if you have any questions: (808) 735-4722

This form must be filled out completely and signed before processing. Processing time is within 5 business days. If this form is received near the start of the upcoming term, the enrollment verification letter will be processed after the add/drop period. The verification letter will be on Chaminade University of Honolulu letterhead.

Chaminade ID #: _____ **or** SSN (last 4 digits): _____

Current Legal Name: _____ Phone Number: _____
Last First MI

Hand Written Signature: _____ Date: _____

Mail/Email Letter To: _____ Call for pickup? _____

(If yes, please provide a photo ID when you arrive at the Records Office window.)

<u>YEAR & TERM/SEMESTER</u>	<u>Program</u>	<u>Please Indicate:</u>
_____ Winter	_____ Day Undergraduate	Degree Type (ex. AA, BA, BS, MBA, MED, MAT...): _____
_____ Spring	_____ PACE (Evening) Undergraduate	Major(s): _____
_____ Summer	_____ PACE Graduate	Minor(s): _____
_____ Fall		Concentration: _____
		Anticipated Graduation Date (month and year): _____

Standard verification will include the Program type, the term/semester indicated, the enrollment status and term/semester dates.

Optional Verification (check all that apply):

- _____ Credit amount in addition to the standard letter.
- _____ Verification of entry date and last date of attendance.
- _____ Degree Conferral date with Major/Minor/Concentration(s).
- _____ Petitioned for Graduation and Commencement date.

Other requests for verification (please be specific): _____

