

ROWAN UNIVERSITY ENROLLMENT VERIFICATION REQUEST

Send To: Rowan University
Office of the Registrar
201 Mullica Hill Road
Glassboro, NJ 08028-1701

PLEASE PRINT CLEARLY AND PRESS FIRMLY

STUDENT ID No. _____

Verification letters requested before the 10th day will indicate "Pre-Registration Status Only."

Allow ten (10) working days for processing and mailing.
We do not fax verifications letters.

Print Full Name: _____

Daytime Phone Number: (_____) _____

TO

Anticipated graduation date : _____

Reason for verification and/or additional information: _____

SEMESTER REQUESTED: _____

To obtain enrollment verification online, go to:
<http://www.rowan.edu/selfservice>

Verifications for **insurance companies** can only be mailed to your permanent address.

Student Signature: _____

Date: _____