

# ROWAN UNIVERSITY ENROLLMENT VERIFICATION REQUEST

Send To: Rowan University  
Office of the Registrar  
201 Mullica Hill Road

Glassboro, NJ 08028-1701 FAX: 856-256-4424

**\$5 per copy**

**PLEASE PRINT CLEARLY AND PRESS FIRMLY**

STUDENT ID No. \_\_\_\_\_  
Enrollment verification letters requested before the 10<sup>th</sup> day will indicate "Pre-Registration Status Only."

Letter may be picked up by student with photo ID or allow ten (10) working days for processing and mailing.  
**We do not fax enrollment verification letters.**

Print Full Name: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

Allow five (5) working days for processing.

TO

_____
_____
_____
_____

Anticipated graduation date : \_\_\_\_\_  
Reason for verification and/or additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEMESTER REQUESTED:** \_\_\_\_\_

To obtain a **free** enrollment verification online, go to: <http://www.rowan.edu/selfservice> click on Student & Financial Aid, then National Schools Clearinghouse

Verifications for **insurance companies** can only be picked up by the student (must show photo ID) or mailed to your permanent address.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Rowan University – Credit Card Authorization

\_\_\_\_\_ I authorize the charging of my credit card in the amount of \$ \_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_ ROWAN ID#

\_\_\_\_\_ CARDHOLDER SIGNATURE

\_\_\_\_\_ Date

\_\_\_\_\_ Cardholder's Name (please print)

\_\_\_\_\_ Cardholder's Daytime Phone#

\_\_\_\_\_ Cardholder's Evening Phone#

**Credit Card Number**

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Please Circle One:    **Visa**    **Master Card**    **Discover**    **American Express**

**Expiration Date:**

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