

Enrollment Verification Request

Allow 1-2 business days for processing



Hope COLLEGE

REGISTRAR

Student name _____ Hope ID _____

Requestor name (if different) _____ Date _____

Email _____@hope.edu Phone _____

I am requesting

Enrollment verification for Fall _____ Spring _____

Verification of anticipated graduation date _____
semester & year you expect to graduate

Send verification somewhere or pick it up?

Send to

Pick it up