



**Office of the Registrar**

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**ENROLLMENT CERTIFICATION REQUEST**  
**DEFINITION OF ENROLLMENT STATUS AT FGCU:**

	<u><b>Undergraduate or Non-Degree Seeking</b></u>	<u><b>Graduate</b></u>
Minimum Full-Time requirements:	12 semester hours	9 semester hours
Minimum Half-Time requirements:	6 semester hours	5 semester hours

A FLORIDA GULF COAST UNIVERSITY ENROLLMENT CERTIFICATION, **FOR THE CURRENT TERM**, INCLUDES THE FOLLOWING INFORMATION: CURRENT ENROLLMENT DATES, ENROLLMENT STATUS, ACADEMIC LEVEL, COLLEGE, MAJOR, ACADEMIC STANDING, RESIDENCY STATUS AND EXPECTED GRADUATION DATE.

**PLEASE FILL IN ALL REQUESTED INFORMATION NEATLY AND COMPLETELY.**

**Student Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Student UIN: 814** \_\_\_\_\_ **Number of Copies Requested:** \_\_\_\_\_

**Please certify my enrollment for:**  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  History  Degree Earned  
(Year) (Year) (Year)

Are you currently enrolled at another University, College or Community College?  Yes  No

If yes, please provide the following information: \_\_\_\_\_  
Name of Institution Hours Enrolled

**Note: Proof of enrollment (e.g. Tuition Receipt, other Institution's Certification) must be submitted along with enrollment certification request form.**

Please choose one of the following actions:

- I will pick up. (Enrollment Certification requests are processed within 24 hrs from time received; during Peak Times they are processed 2-3 days from time received which excludes weekends and holidays.) Certification requests not picked up within 30 days will be shredded; therefore, you will be required to submit another request.
- Please mail. You must provide the address to be mailed to. If you are enclosing a form, you still must write out the address below as it appears on the form. If mailed to an insurance company, please provide the Name and ID number of the policy holder.

Addressee: \_\_\_\_\_

Address: \_\_\_\_\_  
PO Box/Street City/State/Zip

Attention/Dept.: \_\_\_\_\_

\_\_\_\_\_  
**STUDENT SIGNATURE (REQUIRED)**

\_\_\_\_\_  
**DATE**

**Office Use Only**

**Date Received:** \_\_\_\_\_ **Date Processed:** \_\_\_\_\_ **Processor's Initials:** \_\_\_\_\_