



Enrollment Certification Request

UIN: 814 _____ Student Name: _____
Last Name First Name MI

Requests with an Accounts Receivable Hold on file will not be processed until the hold is cleared.

At 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 anticipated graduation date. This office will supply an official enrollment certification which contains the seal and signature of the University Registrar.

DEFINITION OF ENROLLMENT STATUS AT FGCU:

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

Please certify my enrollment for: Fall 20____ Spring 20____ Summer 20____ History Degree Earned

Are you currently enrolled at another Institution? Yes No

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

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

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The university cannot certify enrollment for a future term until after the drop/add period for the immediate next term.

Process my request now. Hold and process after the Drop/Add deadline for the immediate next term.

Please choose one of the following actions:

I will pick up my request. (Photo I.D. is required). Number of copies: _____

Please fax my request. Number of copies: _____
(Certifications can only be faxed to Insurance/Loan Companies)

Third Party Pickup Full Name: _____ Number of copies: _____
I authorize this person to pick up my request. Third party pick up will be required to present Photo I.D.

Please mail to the information I have provided below. Number of copies: _____
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 mailing to an insurance company, please provide the Name and ID number of the policy holder.

1. Addressee _____
 Fax # _____
 Street Address _____
 City _____ State _____ Zip _____
 Attn/Dept _____
 Policy Holder/Group # _____

2. Addressee _____
 Fax # _____
 Street Address _____
 City _____ State _____ Zip _____
 Attn/Dept _____
 Policy Holder/Group # _____

By signing I understand my request(s) will be processed within 24 hours or 2-3 days during Peak Times excluding weekends and holidays. I understand if I do not pick up my request within 30 days, my request will be shredded and I will have to submit a new request. I understand my request can only be faxed to insurance/loan companies. If I have an Account Receivable Hold on my account, I understand my request will not be processed.

STUDENT SIGNATURE (REQUIRED)

DATE

Office Use Only

Date Received: _____ Date Processed: _____ Date Mailed: _____ Processor's Initials: _____

If applicable, state reason for not processing request: _____

Rev. 3/2010