

## Enrollment Certification Request

(return to the Office of the Registrar, Jernigan 101, 1900 Selwyn Ave, Charlotte, NC 28274 or FAX 704.337.2218)

Please certify the student enrollment status for:

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Name

Name of Student while attending Queens (if different from above):

\_\_\_\_\_  
Last Name First Name Middle Name

Social Security # of Student: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth of Student: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is this student an  Undergraduate or  Graduate student ?

Expected Date of Graduation: \_\_\_\_\_

Please certify for the:  Current Term  
 All Terms Enrolled  
 Other Term(s) \_\_\_\_\_

Reason for Request:  Insurance  
 Loan Deferral  
 Employment  
 Other: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

After Completion, please:

Call requestor at: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax to: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name of Recipient Fax #:

Mail to: \_\_\_\_\_  
Name of Recipient

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip