



CITY COLLEGES of CHICAGO

**Wilbur Wright**

### VERIFICATION OF STUDENT ENROLLMENT REQUEST

Instructions: Please provide the following information. Please allow 2-3 days processing time. If you are receiving veteran's benefits **DO NOT COMPLETE THIS FORM** – see Ms. Helen Stein, Veteran's Coordinator in the Financial Aid Office. Certification of full or part time status is based on the hours of enrollment in the term (Summer, Fall, or Spring).

**STUDENT ID#** \_\_\_\_\_ **REQUEST DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
*First Middle Last*

**ADDRESS:** \_\_\_\_\_  
*Street City State Zip*

**SEMESTER/YEAR REQUEST:** \_\_\_\_\_ **METHOD OF DELIVERY:** \_\_\_\_\_

**TYPE OF REQUEST:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**REASON FOR REQUEST:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**RECIPIENT INFORMATION:**

**ADDRESS:** \_\_\_\_\_  
*Street City State Zip*

**FAX NUMBER:** \_\_\_\_\_  
*(If applicable)*

**EMAIL:** \_\_\_\_\_  
*(If applicable)*

**STUDENT SIGNATURE:** \_\_\_\_\_

### FOR OFFICE USE ONLY

**Number of Semester** \_\_\_\_\_ **Date Verified** \_\_\_\_\_ **Verified By** \_\_\_\_\_  
**Hours Verified**

**Status:** \_\_\_ Adult Ed. \_\_\_ Cont. Ed. \_\_\_ Credit \_\_\_ ESL \_\_\_ GED \_\_\_ Non-Credit \_\_\_ Pre-Credit \_\_\_ Skills

**Notes:** \_\_\_\_\_