

**EAGLECREST ENROLLMENT VERIFICATION**

**SELECT TERM FOR ENROLLMENT VERIFICATION:**

- Spring Semester 20\_\_
- Summer Semester 20\_\_
- Fall Semester 20\_\_

full legal name (print) last first middle initial

UA ID number day phone email address

mailing address city state zip code

**Special Instructions:**

- HOLD FOR PICKUP
- FAX \_\_\_\_\_  
fax number

**PLEASE VERIFY MY FULL TIME ENROLLMENT STATUS AT UAS.**



student signature date

**OFFICE USE ONLY**

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**I certify to the best of my knowledge that the student listed above IS enrolled as a**  
 full-time\* student at the University of Alaska Southeast during the  
**academic period from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ as of \_\_\_/\_\_\_/\_\_\_.**

\*NOTE: Full-time: 12 undergraduate credits; 9 graduate credits; half-time: 6 credits; part-time: 5 and under credits. Audited classes, professional development, and Continuing Education Units (CEU's) are not included in the computation of study load for full-time, half-time, or part-time status. It is the student's responsibility to notify the receiving agency of any add/drop transactions completed after the enrollment certification has been prepared.

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**UNIVERSITY SEAL**

Barbara A. Hegel, University Registrar