![San Ignacio University Miami, FL logo]

ENROLLMENT VERIFICATION FORM

Name: _____ SS#: XXX-XX-_____

                Last Name   First Name   MI

Phone number: _____ E mail:_____

Program of Study: _____

☐ Active ☐ Withdrawn ☐ Graduate

Type of Certification: _____ Enrollment   _____ Grades

                                 _____ Graduation   _____ Taxes

Number of Certifications Request: _____

Send by: _____ Pick up

                _____ Mail: _____

Special instructions:

STUDENT SIGNATURE: _____ DATE: _____

ACCOUNTING: _____ DATE: _____

REGISTRAR: _____ DATE: _____

PLEASE NOTE: *Enrollment Verification request can take 3 to 5 business days to process. The student must be in financial compliance.*