

VERIFICATION OF ENROLLMENT

Records (719) 255-3361
Admissions (719) 255-3383
Fax (719) 255-3116
www.uccs.edu
admrec@uccs.edu

OFFICE OF THE REGISTRAR
1420 Austin Bluffs Parkway
P.O. Box 7150
Colorado Springs, CO 80933-7150
School Code: 004509



University of Colorado
at Colorado Springs

STUDENT INFORMATION

IDENTIFICATION INFORMATION

NAME: _____

ADDRESS: _____

CITY STATE ZIP

Student ID # _____

Social Sec # _____
(optional)

GRADUATION INFORMATION

Student has NOT graduated; anticipated semester of graduation is _____
(Sem/Year)

Student HAS graduated; date of graduation was _____
(Month/Year)

Signature of Student

STUDENT IS ENROLLED IN THE COLLEGE OF:

LAS EDU ENG BUS

NR GRAD SPA UNCLASSIFIED

Student is/was registered for the following semester(s)

SPRING SUMMER FALL _____
(Circle Semester) YEAR

HANDLING INSTRUCTIONS

(Circle One)

PICK UP MAIL FAX

FAX # _____

According to our policies, this student is / was registered as

(Circle One)

FULL TIME HALF-TIME < HALF TIME

STUDENT SECTION

VERIFICATION

Verified By: _____ Date _____

Beginning/Ending dates of the semester are:

Signature of Steve Ellis, Registrar UCCS

Official School Seal

Comments:

UNIVERSITY OFFICIAL

The above information is certified to reflect the academic records maintained by the University of Colorado at Colorado Springs as of the above date. This verification is not valid without the embossed seal of the University of Colorado at Colorado Springs. If you need further information, please call the UCCS Records Office at (719) 255-3361.

This is an official University Document; any alteration of this verification form is a violation of Colorado State Law and University Policy and may result in both criminal and disciplinary penalties.