

PLEASE PRINT THIS FORM, COMPLETE AND FORWARD TO THE REGISTRAR'S OFFICE FOR PROCESSING.

Enrollment Certification REQUEST

(Please allow 1-2 business days for processing.)

HOPE COLLEGE
HOLLAND, MI 49423



Student Name:

Last : _____ First: _____ MI: _____

Requestor Name (if different): _____

Student Number: _____

Contact Phone: () -- _____

Date: ____ / ____ / ____

Email Address: _____@hope.edu

I am requesting:

Enrollment Verification for: Fall _____ Spring _____

(You must be registered for the semester you want verified.

We are not able to verify enrollment for a future semester.)

Verification of My Anticipated Graduation Date:

Expected Graduation Date

Send Certification To:

(Print FULL name and address or FULL name and fax number clearly.)

Pick Up Certification:

(You do not have to fill out the "Send To" Box.)

