

Prairie View A&M University
Office of the Registrar
P.O. Box 519: MS 1002
Prairie View, Texas 77446-0519
936-261-1000 phone/ **936-261-1051 fax**

Must provide a **COMPLETE MAILING ADDRESS** to be processed. If Pick-Up is needed , please write "Pick-Up" under the address.

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Date _____

ENROLLMENT VERIFICATION

To Whom It May Concern:

The Office of the Registrar has been instructed to submit information pertaining to the following student's enrollment. Therefore, please note the necessary information as reflected in our records. If additional information is required, please submit a written request. All requests must be in writing.

Last Name	First Name	Initial
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Dates of Attendance	Major
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Classification	Anticipated Degree and Graduation Date	Full-Time	Half Time
		<input type="checkbox"/>	<input type="checkbox"/>

Additional Information to be noted (such as group # or ID for the policy holder): _____ _____ _____

Identification Number/ Social Security No.	Date of Birth (DOB)
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