Enrollmen Verifica ion Req e

Allow 1-2 business days for processing

S den name _____ Hope ID _____

Req e or name (if differen) _____ Da e_____

Email _____@hope.ed   Phone _____

I am req e ing

    Enrollment verification for   Fall _____   Spring _____

    Verification of anticipated graduation date   _____

                                     semester & year you expect to graduate

Send erifica ion ome here or pick i p?

    Send to   Pick it up