



ADRIAN COLLEGE

Adrian College Registrar's Office

Request for Proof of Enrollment

A letter verifying full-time enrollment will be provided on behalf of the following student:

First Name	MI	Last Name	Student Number
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Semester for which proof of enrollment is required

Contact phone where you can be reached

Send by Fax: _____

Attention: _____

Send by mail to the following address: _____

Send by mail in envelope provided.

Enclose copy of schedule

Office use only:

Received: _____

Processed: _____