



1200 Kenwood Avenue, OneStop Student Services, Duluth, MN 55811
218-723-6570/Fax: 218-733-2255

ENROLLMENT/DEGREE VERIFICATION

Name: _____ CSS ID #: _____

<p>Verify:</p> <p><input type="checkbox"/> Previous Semester/Term GPA</p> <p><input type="checkbox"/> Cumulative GPA</p> <p><input type="checkbox"/> Fall Semester/Term _____</p> <p><input type="checkbox"/> Spring Semester/Term _____</p> <p><input type="checkbox"/> Summer Session/Term _____</p> <p>Anticipated graduation date ____/____/____</p>	<p>MAIL TO:</p> <p>_____</p> <p>Company or person</p> <p>_____</p> <p>Street address</p> <p>_____</p> <p>City _____ State _____ ZIP _____</p> <p><input type="checkbox"/> PICK UP</p> <p><input type="checkbox"/> MAIL OUT</p> <p><input type="checkbox"/> FAX _____</p>
<p><input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate credits</p>	

I authorize The College of St. Scholastica to release the information indicated above.

Student signature: _____ Date: _____

Your certification will reflect the academic record as of the date your request is prepared.

DO NOT WRITE BELOW THIS LINE

Is/ was enrolled:

____/____/____ to ____/____/____	Full-time/ Half-time/ Less than half-time
____/____/____ to ____/____/____	Full-time/ Half-time/ Less than half-time
____/____/____ to ____/____/____	Full-time/ Half-time/ Less than half-time
____/____/____ to ____/____/____	Full-time/ Half-time/ Less than half-time
____/____/____ to ____/____/____	Full-time/ Half-time/ Less than half-time

Previous Semester/Term GPA: _____ or Cumulative GPA: _____

COMMENTS: _____

George A. Beattie
Registrar
(218) 723-6563
School Code: 002343

Date

White- Lender/Service

Yellow- Registrar

**NOT VALID WITHOUT
SCHOOL SEAL**