HOOD COLLEGE
DIVISION OF ACADEMIC AFFAIRS
Office of the Registrar

Enrollment and Degree Verification

Name: _____   Email:_____

Today's Date: _____   Requested Date of Return: _____   ID#: _____

Check the verification you are requesting: School Code: 002076   College Code: 5296

_____ **ENROLLMENT VERIFICATION**

Year(s): _____

Semester(s):_____

Verification includes:
- *Current semester start and end dates*
- *Expected graduation date*
- *Total semester credits*
- *Enrollment Status*

Note here if the following is needed:

_____ *Cumulative GPA*

Other: _____
_____

Enrollment Status:
Undergraduate:
    Full Time = 12 or more credits
    Part Time = Less than 12 credits
    Halftime = 6-11.5 credits
Graduate/Master's Level
    Full Time = 9+ credits
    Three Quarter Time = 6-8 credits
    Half Time = 3-5 credits
    Less than Half Time = 0-2 credits
Graduate/Doctoral Level
    Full Time = 7+ credits
    Three Quarter Time = 5-6 credits
    Half Time = 3-4 credits
    Less than Half Time = 0-2 credits

_____ **DEGREE VERIFICATION**

_____ Graduate Degree

_____ Undergraduate Degree

Verification includes:
- *Graduation Date*
- *Degree Earned*
- *Major/Program/Concentration*

Note here if the following is needed:

_____*Final GPA*

Other: _____
_____

Name at the time of graduation (if different):

_____
Please Print

Year of Graduation:_____

Send To (email or mailing contact and address):