

Enrollment Verification Request

Submit completed form by email to MJCESeForms@mjc.edu, in-person, fax, or mail to Enrollment Services. Electronically signed forms will ONLY be processed when using your MJC Student Email.

The first two verification requests are FREE (expedited processing excluded). There will be a charge for subsequent verification requests. For expedited processing you can choose same day or two business day. See the MJC website for pricing or ask an Enrollment Services staff member. When submitting this form using a personal email, signature MUST BE COMPLETED IN BLUE OR BLACK INK. Verification Requests will be processed within 5-7 business days from receipt of request. Verifications not picked up within 60 days will be discarded!

Please Note: Your enrollment verification will be based on the number of units you are enrolled in when Enrollment Services processes this request. Adding and/or dropping classes between the time of this request and the actual processing date may affect the number of units reported on this verification.

| Today's Date: | | | |
|---|---|---|-----------------|
| Student Information: | | | |
| First Name: | Middle Initia | l: Last Name: | |
| Student ID: <u>w</u> | Birthdate: | Phone: | |
| ☐ Grade Point Average - ☐ Academic Program/D ☐ Vehicle Insurance - ми | st be full-time, includes current enrollment ar | cated) nd a minimum GPA of 3.0 for the p | |
| Check Only One Box for Typ | e of Delivery | | |
| Send to my MJC student Mail to address listed bel Hold For Pick-up (Valid ID Name of person p Name (Company or Self): | email account | | |
| | m giving consent for MJC to send my vo ment Services Office and must bring a | | |
| Student Signature: | | Date:_ | |
| | OFFICE USE (| ONLY | |
| Posted By: | Posted Date: | _ First Free Se | econd Free RQSS |
| Processed By: | Processed Date: | Amount Owed: | Paid |
| Comments: | | | |
| Student Signature: | | Date Pick | ed Up: |
| Staff Initials: | Date: | ☐ Mailed ☐ Emailed | 07/202 |