GEORGE MASON UNIVERSITY

Office of the University Registrar
Student Union 1, Room 2101
4400 University Drive, MS 3D1
Fairfax, VA 22030
(703) 993-2441, Fax (703) 993-4668
Email: verify@gmu.edu

**Enrollment Verification Request**

**Requests that can be satisfied by providing an enrollment certificate or transcript will <u>not</u> be completed.**

| Enrollment Certificates provide: | Transcripts provide: |
|---|---|
| • **Enrollment status/dates**<br>• **Expected graduation date** | • **GPA**<br>• **All other academic information** |

**TO BE COMPLETED BY STUDENT:**

First Name: _____     Last Name: _____

G #: _____

Phone: _____     Mason Email: _____

**TERM TO BE VERIFIED:**

☐ Fall _____     ☐ Spring _____     ☐ Summer _____
   *(year)*                  *(year)*                   *(year)*

**FORM ATTACHED?**

☐ NO     ☐ Yes: _____
                              *(type of form)*

Expected Graduation Date: _____

- ▪ **PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING**
- ▪ **You will be notified by email if we are unable to complete your request.**
- ▪ **Once completed, the Verification will be available for pickup at the Registrar's Office.**
- ▪ **Photo ID is required for pick up.**
- ▪ **Nursing or Teacher Licensure forms should be submitted directly to the relevant department.**

*NOTE: Other than deferment requests, this form will not be processed if there is a financial hold on your account*

Student Signature:_____     Date:_____

Fraudulent use of an academic record is a violation of Commonwealth and Federal Statutes.