TriCounty
TECHNICAL COLLEGE

Enrollment Verification

This form is to be used to verify enrollment after the appropriate deadline has passed. If administratively dropping the student—please use the Administrative Drop/Withdrawal form.

_____

Last Name   First Name   Middle Name

Student ID: | T | | | | | | | |

Year   Semester (Check One)

| 2 | 0 | | | | FA | SP | SU |

CRN   Course Prefix/Number

| | | | | | | | | | | | |

Has the student ever attended this class? | | Yes | | No

_____

Instructor's Signature   Date

Student Records Use Only

Date Keyed: _____   Initials: _____

rev: 08/10

ENROLLMENT VERIFICATION