

Enrollment Verification

TO: _____

DATE: _____

STUDENT'S NAME: _____

ID #: _____

PHONE #: _____

STUDENT'S SIGNATURE

THIS SECTION TO BE COMPLETED BY REGISTRAR'S OFFICE:

ANTICIPATED GRADUATION DATE: _____

This letter will verify that the student listed above has a registration record for the following term(s).

DATES	STATUS			
_____ TO _____	Full Time	$\frac{3}{4}$ Time	$\frac{1}{2}$ Time	Less Than $\frac{1}{2}$ Time
_____ TO _____	Full Time	$\frac{3}{4}$ Time	$\frac{1}{2}$ Time	Less Than $\frac{1}{2}$ Time
_____ TO _____	Full Time	$\frac{3}{4}$ Time	$\frac{1}{2}$ Time	Less Than $\frac{1}{2}$ Time
_____ TO _____	Full Time	$\frac{3}{4}$ Time	$\frac{1}{2}$ Time	Less Than $\frac{1}{2}$ Time

Oregon Institute of Technology is accredited by the Northwest Association of Schools and Colleges.

If we can be of any further assistance, please do not hesitate to contact us.

Sincerely,

Registrar's Office