

Office of the Registrar
California State University, Chico
Chico, CA 95929-0720
Phone: 530-898-5142 Fax: 530-898-4359

Enrollment Verification Request

Student ID: _____ Student Name: _____
Last First Middle

Mail verification to:
Name _____
Street _____
City, State, Zip _____

Which semester(s) do you want verified: All Fall Spring Summer
Includes: term begin & end dates, units, and full-time/part-time status year year year

Please include: Current Program Others: Class level
Includes: plan (major/minor) & anticipated graduated date if applied for graduation Chico GPA
Degree(s) Earned Expected Grad Term if
Cumulative* & Term GPA not filed for graduation*
**Current Program must also be selected for Cumulative GPA* **an auto-generated date based upon admit term*

Student Signature: _____ Date: _____

Both official enrollment verifications, printed and mailed by CSU, Chico, and unofficial enrollment verifications, printed by the student, can be requested from the Student Center via the Portal. Under **Student Records** menu, select **Enrollment Verification**.

