



HOUSATONIC
COMMUNITY COLLEGE

900 Lafayette Blvd. Bridgeport, CT 06604
Phone: (203) 332-5088
Fax: (203) 332-5251

Registrar's Office

Official Enrollment Certification

Please Print Neatly and Clearly

Student S.S. # (Last 4 Digits)

@ _____
Student ID #

____ - ____ - ____
Date of Birth

Student Name:

Address:

City, State, Zip:

<p>Semester to be Verified One Semester Per Form</p> <div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 20px;"></div> <p>Ex. Fall 2010</p>

Select the following information below to be verified:

- Degree/Certificate Program
- Semester Hours Currently Registered
- Enrollment Status: Full time, Half time
Less than half time, Not Enrolled

I authorize Housatonic Community College to release the information indicated above to ONE of the options listed below:

I Will Pick Up (Not Available At This Time) Fax: (_____) _____ - _____

Attn: _____

Send Certification to:

Name: _____

Address: _____

City, State, Zip: _____

Student Signature

Date

BOTTOM PORTION OF THIS FORM IS TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Semester Beginning/Ending Dates: _____ to _____

Semester Hours Currently Registered: _____

Full Time Half Time Less than Half Time Not Enrolled for specified semester

Curriculum: _____

Other: _____

James Connolly, Registrar

Date