



CHIROPRACTIC

ACUPUNCTURE

Office of the Registrar

REQUEST FOR FULL-TIME STATUS LETTER

PLEASE PRINT

Name _____ Student # _____

S.I.N./Soc Sec # _____ - _____ - _____ Term _____ Expected Grad Date _____

Signature _____ Date _____

Please send a full-time status letter, with the information noted below, to:

Name of person/organization: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Circle one Mail request: Y N

Pick-up request: Y N

Letter to be used for:

_____ Health/Car Insurance _____ Credit Card _____ Loan _____ Scholarship

_____ Good Driver Discount _____ Other (explain) _____

Please include the following information in the letter:

_____ Full-Time Student _____ Term _____ Social Security Number

_____ G.P.A. _____ Entry Date _____ Date of Graduation _____ Other

For use by Registrars Office:

Date Received: _____

Date Mailed: _____

Processed By: _____

Issued to Student: _____