ENROLLMENT CERTIFICATION REQUEST FORM

JEFFERSON COMMUNITY COLLEGE
WATERTOWN, NY 13601

Student Name: _____ **Student ID Number:** _____
(Please Print)

Date of Birth: _____

Confirmation of Student Mailing Address*: (Please enter address and telephone)

Street: _____

City: _____

State/Zip: _____

Phone: _____

* Student address can only be updated via request of the student.

Enrollment Status: ___ Full-time ___ Part-time ___ Less than Half-time

Curriculum: _____

Expected Date of Graduation: _____
Month Year

Semester(s) Requested: _____ _____
Fall / Spring / Summer Year

Insurance Policy Numbers/ Insured's Name (if applicable): _____

Certification should be sent to: (Please list the complete name and address.)

_____

_____

_____

_____

_____

The following information is included in the certification letter:

Semester certified
Semester Dates
Curriculum in which enrolled
Anticipated date of Graduation

Requestor Name: _____ **Phone**: _____
(Please Print)

Requestor Signature: _____ **Date**: _____

Rev. 2/4/2010