Enrollment Certification Request

Enrollment certification letters are official verification from the University of your enrollment status at Oklahoma State University. These letters can assist in verifying your enrollment status to insurance companies, lenders or other agencies. A standard enrollment certification letter includes the student's name, destination address, OSU FICE code and a summary of the student's enrollment history for the term(s) requested. Other information that can be provided upon request includes the student's cumulative graduation/retention GPA, semester GPA and good academic standing. Enrollment certification requests will be fulfilled within approximately two business days.

Name of Records Holder (first, middle, last) PLEASE PRINT

Student ID __________________ College __________________

Number of Copies __________________ Semesters to include (ex., Fall 2011) Note: Only semesters of OSU enrollment can be included.

Mail to: (First class, Regular U.S. Postal Service)

Name __________________________
Address Line 1 ________________________________
Address Line 2 ________________________________
City __________________ State ______ Zip Code ______

Or email address to:

OPTIONAL ENROLLMENT CERTIFICATION LETTER DETAILS (check all that apply)

☐ Good Academic Standing
☐ Cumulative Graduation/Retention GPA
☐ Semester GPA
☐ Online Course(s)
☐ Degrees Awarded from OSU
☐ Blended/Hybrid (see below)
☐ See Attached Form
☐ Expected Graduation Term (see registrar.okstate.edu/certifications)
☐ Other (please specify)

Please note: For Blended/Hybrid verification, the following must be completed by the instructor of record before submitting to the Office of the Registrar for processing. One form required per course verification request.

As the instructor of record or department head responsible for this course, I verify the following percentages of face-to-face vs. online instruction:

Course Prefix and Number: __________________ CRN: ___________ Semester: ___________

Percentage of face-to-face instruction: __________________
Percentage of web-based instruction: __________________
Total = 100%

Instructor or Department Head Signature: __________________ Date: ___________

Student Signature __________________ Contact Phone Number: __________________ Date: ___________

For Office Use Only

Received By: ______ Date: ___________

01-2019