



Enrollment Certification

Please complete all information and return the form to a member of the Registrar's Office for processing.

Mail to:

_____ Email to:

_____ Fax to:

Student's Name _____ Student's HFU ID # _____
Anticipated Date _____

Student's Signature

Date

To be completed by Registrar's Office.

Section A:	Fall, Spring Winter, Summer	Year	Dates of Attendance
_____ is registered for but has not yet attended classes for the	_____ semester, 20_____	_____	_____
_____ is currently attending classes for the	_____ semester, 20_____	_____	_____
_____ had attended classes for the	_____ semester, 20_____	_____	_____

Section B: Undergraduate

Is _____ F/T (12-18 credits) _____ H/T (6-11 credits) _____ L/H/T (1-5 credits)

Graduate/Doctoral

Is _____ F/T (6 credits) _____ H/T (3 credits)

Section C:

_____ Freshman _____ Sophomore _____ Junior _____ Senior
_____ Graduate Student _____ Doctoral Student

This is to certify that the information above is correct. This is an official document with the raised or electronic University Seal.
A copy is retained in the Registrar's Office for one semester.

Registrar's Office Representative

Date