



Registrar's Office Enrollment Verification

Please complete this form, sign, date and mail to: Manchester Community College, Registrar's Office, Great Path, MS #13, P.O. Box 1046, Manchester, CT 06045-1046 or fax this form to 860-512-3221.

Your request will be forwarded to the National Student Clearinghouse for processing. Allow 10 working days for processing and mailing, except at the beginning and end of the semester, when up to 15-20 days may be required. Enrollment Verifications are not processed until two weeks after classes begin.

STUDENT INFORMATION

| | | | | |
|-------------------|-------------------|-----------|-------------------|------------------|
| First Name | MI | Last Name | | |
| Mailing Address | | | | Banner ID Number |
| City | | | State | Zip |
| Home Phone Number | Cell Phone Number | | Work Phone Number | |
| Email Address | | | | |

ENROLLMENT INFORMATION

Send information to:

Verify the following information:

| | | |
|---|-----------------------------|---------------|
| Enrollment Dates Semester from: _____ to _____ | Anticipated Graduation Date | Matriculation |
|---|-----------------------------|---------------|

SIGNATURE

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|