



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	Cell Phone		Work Phone	
Email Address			Date of Birth	

ENROLLMENT INFORMATION

Send information to:

Verify the following information:

Enrollment Dates Semester from: _____ to _____	Anticipated Graduation Date	Matriculation
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SIGNATURE

Student Signature	Date
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