



OFFICE OF THE REGISTRAR
 1950 Third St. • La Verne, CA 91750
 909.593.3511, Ext 4000
 Fax 909.392.2703

Student ID #							

Request for Deferment or Enrollment Verification

PLEASE PRINT		<i>Note: The Office of the Registrar cannot verify future enrollment</i>	
LAST NAME	FIRST NAME		
MAILING ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE #

- Undergraduate
 Graduate
 Anticipated Graduation date: _____ 20_____
- Current Enrollment
 Past enrollment
 If past enrollment, what semester/term(s)? _____

Lender/Company: _____

Lender's/Company address: _____

Lender's/Company fax #: _____

Office Use Only

AID: _____
 Units carried: _____
 LHT HT FT
 Semester
 Term