



Babson College
Office of the Registrar
Babson Park, MA 02457

Phone: 781-239-4519
Fax : 781-239-5618

VERIFICATION OF ENROLLMENT FORM

Please Note: All verifications are printed on Babson letterhead, signed with the Registrar's signature, and stamped with the Babson seal.

Enrollment verification requests are processed in order of receipt and completed within 5 business days. Please plan accordingly.

STUDENT INFORMATION:

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Gender: Male _____ Female _____ **Date of Birth:** _____

Status: UG _____ Grad _____ Graduated _____

Please Send To: _____

OR

Please Fax To: _____

OR

I would like to pick up please e-mail me when ready : _____

PLEASE VERIFY MY ENROLLMENT FOR THE FOLLOWING SEMESTERS:

Please note that we can only verify enrollment for semesters in which you are or were enrolled.

Fall _____ Spring _____ Summer _____

I expect to graduate on: _____ I graduated on _____
month/year month/year/B.S. or MBA

Additional Information Required:

Signature _____ **Date:** _____

OFFICE USE:	<u>Initials</u>	<u>Date</u>
Received:		
Processed:		

