



STUDENT ENROLLMENT VERIFICATION for INSURANCE

St. Lawrence University, Registrar's Office, 23 Romoda Drive, Canton, NY 13617

Telephone: (315) 229-5267, Fax: (315) 229-7424

Form on-line at: www.stlawu.edu/registrar/student/studentinformation.html

Students: Complete section 1.

1 Student Name: _____

SLU ID# or last 4 of SSN: _____

Matriculation Month & Year: ____ / ____ / ____

Years of Attendance: ____ — ____

Mail To: _____

Is this for your insurance? __ Yes.
 If **no**, you must refer the requesting party to www.studentclearinghouse.org or login to APR/Clearinghouse Student Self-Service.

Class Year: _____

Fax To: 1 (____) ____ - _____

Attn: _____

OFFICE USE ONLY BELOW THIS LINE.

Enrollment Verification

- Undergraduate Graduate
- Matriculated and: -Attending ^Expected to Return ^Expected to Begin *Full Half Part
- Not matriculated & taking courses.

Expected Graduation Date: ____ / ____ / ____

Expected to Return or Begin Date: ____ / ____ / ____

Semester Dates: ____ / ____ / ____ to ____ / ____ / ____ , ____ / ____ / ____ to ____ / ____ / ____ ,
 ____ / ____ / ____ to ____ / ____ / ____ , ____ / ____ / ____ to ____ / ____ / ____

* St. Lawrence University recognizes any undergraduate enrolled in at least 3.5 units as a full-time student. Each undergraduate unit is equivalent to 3.6 semester hours. Graduate students enrolled in at least 12 credit hours are considered full time. Each graduate credit hour is equivalent to 1 semester hour. **Accreditation: St. Lawrence University is accredited by the Middle States Association, and is approved by the American Chemical Society.**

^ "Expected to return" or "Expected to begin" reflects enrollment prior to the beginning of the semester and is subject to change until the 8th day of the semester.

~ "Matriculated and attending classes": Schedule may be subject to change if verification date is prior to 8th day of the semester being verified.

Comments:

Official Signature: _____ (Not valid without SLU Seal) Date: _____