



Soka University of America
Office of the Registrar

VERIFICATION OF ENROLLMENT

This document can be processed for currently enrolled students. Graduated students or students who are no longer attending SUA, must request for the Official Transcript.

Name: _____ ID #: _____

Upon completing this form, an official document showing proof of enrollment will be prepared. Please check appropriate boxes below:

I am requesting a Verification of Enrollment to be processed as follows:

I will pick up (3 to 5 days).

Please send to my box. Box #: _____

Please Fax it to:

Name: _____

Company (if applicable): _____

Fax Number: _____

Please Mail it to the following address:

I would like to request a degree completion statement to be included with my request.

(Seniors in last semester only)

I would like to include GPA information (ie: good student verification for insurance, etc.)

I would like to request Academic Standing Status for summer school purposes.

Signature: _____ Date: _____

(Digital signature is not accepted.)