

Office of the Registrar · 3200 Cold Spring Rd., Indianapolis, IN 46222 · Phone: 317.955.6050 · Fax: 317.955.6575 · [www.marian.edu/mymarian/registrar](http://www.marian.edu/mymarian/registrar)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Please list all names used while in attendance. Social Security number

**Type of certification requested**

**Certification of enrollment at Marian University**

In order to be certified for any term, you must already be registered for classes in that term.

Certify enrollment for: (check those that apply; write in last two digits of year)

- Fall semester:** August to December 20\_\_\_\_
- Spring semester:** January to May 20\_\_\_\_
- Multiple/other terms:** beginning \_\_\_\_\_ (mo/yr)  
ending \_\_\_\_\_ (mo/yr)

Note for MAP (Marian Adult Program) students: The fall semester includes Terms 1, 2, and 3 and Sessions 1 and 2. The spring semester includes Terms 4, 5, and 6 and Sessions 4 and 5. The summer semester includes Terms 7, 8, and 9 and Sessions 7 and 8.

**Full-time Status / Half-time Status:** All certification letters will indicate your enrollment status (full-time/half-time). Enrollment in at least 12 credit hours in a semester constitutes full-time status. Enrollment in at least 6 credit hours in a semester constitutes half-time status.

*In its default form, this letter will include the following non-directory information:*

- ▶ Your Social Security number (to enable the receiving party to identify you within their records)
- ▶ The number of credit hours in which you are enrolled for each certified semester
- ▶ Please check if you do not want the following non-directory information to be released. If these items are not checked, signing this form implies your consent to release this information.

- Do not release** Social Security #
- Do not release** number of credit hours enrolled

**Certification of graduation/degree received or expected**

Degree received/degree expected: \_\_\_\_\_

Date of graduation/expected date of graduation (month/year): \_\_\_\_/\_\_\_\_

**Other certification request (explain):** \_\_\_\_\_

**Recipient information**

**I will pick up my certification letter in 2-3 business days.**

**Please send my certification letter to the address or fax number below.**

Company/Name \_\_\_\_\_

Street \_\_\_\_\_ FAX \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_