Eastern Kentucky University Office of the Registrar

Request for Verification of Good Academic Standing or Enrollment

tudent Signature:	-
tudent I.D. Number:	Student E-Mail Address:
Date: Curren	nt term: Expected graduation date:
	CKU? YES? If you are NOT currently enrolled then do not complete this form. cript (http://www.registrar.eku.edu/TranscriptRequestForm/), as this will reflect your
. Daytime Phone Number:	(ANDATORY)
Letter of Good Standing or Enro	ollment Verification is intended for the following institution:
(Please list name of school)	
Please indicate if any other type	e of information needed:ClassificationMajorGPA
Please indicate if any other type OU MAY CHOOSE TO: Hand-deliver a completed copy of the Your verification letter will We will call the number giv	nis verification request to: Registrar's Office, Whitlock Building, Room 239. Il be ready to pick up after <u>3 to 5 business days</u> . Iven above when it is ready. Is not been picked up within two weeks of notification will be mailed to the student's permanen
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Office of the Registrar 06/05/14