



STUDENT ENROLLMENT CERTIFICATION

Semester to Be Verified: SP FA SU WI Year _____

PLEASE PRINT

Student's Name: _____ Today's Date _____

CCM Student ID #: _____ Date of Birth: _____

Email: _____@student.ccm.edu Daytime Phone: _____

Additional Information Needed (please check all that apply):

- _____ Anticipated Graduation Date
- _____ Chargeback – Major _____
- _____ Complete Attached Form
- _____ Other (explain): _____

DELIVERY: (Please allow 2-3 business days for processing.)

E-Mail to: My CCM email address

Release: I hereby authorize County College of Morris to release the above information as requested.

Student's Signature