

VERIFICATION OF NONTRADITIONAL COURSES MUST ATTACH REQUIRED FORM

(PRINT) Last Name	First Name	Mic	Middle Name	
Student K ID# or Social Security Number (SS#)		Telephone # (Including area code)		
Current Mailing Address	City	State	Zip Code	
Student Signature	Date			
<u>SEMESTER(S) TO BE VERIFIED</u>	<u>:</u> ,	///		
 I will pick up verification. To be picked up by someone off NOTE: Any person picking up Mail to:	(PLEASE PR	RINT FULL NAME) t a valid picture ID.		
Office of the Registrar's Use Only	Date Picked up: Date Mailed: Date Faxed:	Processed By:		