



# VERIFICATION OF ENROLLMENT

*Please allow 3-5 days for processing*

**Student's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Social Security #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Classification:**  Freshman  Sophomore  Junior  Senior  
 Converse II  Graduate

**Purpose:** \_\_\_\_\_

Mail  Fax  Date to pick up  Campus Mail

**Mail to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**Fax to:** Attention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature is required if the GPA is requested

\_\_\_\_\_

**Return form to:**  
Converse College – Office of Registrar  
580 E. Main Street  
Spartanburg, SC 29302  
864-596-9695/Fax 864-596-9749