VERIFICATION OF ENROLLMENT

Please allow 3-5 days for processing

Student’s Name: ____________________________

(Last)   (First)    (Middle)

Converse ID # ____________________________

(found on your Student ID Card – use SS# if ID# is unknown)

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 864-596-9202

For Registrar Office Use ONLY

Entrance Date ________________
Exp. Grad Date ________________
GPA _______________________

Degree/Major/Minor _______________________
Term/Credit Hours _______________________

Rev. 04/19/2017