



VERIFICATION OF ENROLLMENT

Please allow 3-5 days for processing

Student's Name: _____
(Last) (First) (Middle)

Converse ID # _____ **Date of Birth:** _____
(found on your Student ID Card – use SS# if ID# is unknown)

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 _____	Degree/Major/Minor _____
Exp. Grad Date _____	Term/Credit Hours _____
GPA _____	_____