Enrollment/Degree Verification Request

Student Name	MyColumbia ID/SSN
E-mail	
Dates of Attendance	Phone Number
/erification Request:	_
Verification of Enrollment Current Semester All Semesters	Proof of Non-Enrollment Verification of Degree Awarded Complete Attached Form
nclude: Date of Birth Last 4 digits of SSN Major	Mailing Address on file Permanent Address on file Anticipated Graduation Date
Delivery Information:	
Mail to	
E-mail to Student pick up at Columbia Centr	al, 600 S Michigan, Room 303
Additional Information:	
lent Signature	

The preferred method to submit this completed form is via email to columbiacentral@colum.edu. If you cannot send via email, please fax or mail to:

Fax: 312-369-8436

Mail: Columbia College Chicago Columbia Central 600 S. Michigan, Suite 303 Chicago, IL 60605

