



**ESTRELLA MOUNTAIN
COMMUNITY COLLEGE**
A MARICOPA COMMUNITY COLLEGE

_____ **TERM** _____

_____ **STUDENT ID #** _____

Enrollment Verification Request

EMCC only All Campuses

Student's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

FOR A&R USE ONLY

ADDRESS TO:

Institution _____

Attn: _____

Street Address _____

City _____ State _____ Zip Code _____

Please include my:

- No Yes Current Enrollment Status
- No Yes Other Dates of Enrollment
- No Yes Degree Earned
- No Yes Program of Study/Major
- No Yes Grade Point Average
- No Yes Other (specify) _____

No Yes **Expected Graduation**

- Year: _____ Term: Fall
 Spring
 Summer

Student Signature _____ Date _____