



HOUSATONIC COMMUNITY COLLEGE

900 Lafayette Blvd. Bridgeport, CT 06604
Phone: (203) 332-5088 • Fax: (203) 332-5251

Registrar's Office

Advisory

Enrollment Certification

Certifications of enrollment are merely advisory at this time since a student's status could change by adding or dropping courses between now and the 10th day of classes, (approximately mid-September for the Fall semester and mid-February for the Spring semester). As of the 11th day of classes in the Fall and Spring semesters, status is frozen and official regardless of any actions taken by a student in adding or dropping classes after that date. If you wish to receive official certification, the student should be directed to contact our office after the 10th day of classes. Please note that this advisory certification is provided only to satisfy the student's immediate needs and is not intended to indicate final or official status.

Please Print Neatly & Clearly

Name: _____

_____-_____-_____
Student S.S. #

Address: _____

@ _____
Student ID #

City, State, Zip: _____

_____-_____-_____
Date of Birth

Select the information to be verified from the items below:

- Degree/Certificate Program
- Semester Hours Currently Registered
- Enrollment Status: Full time, Half time
Less than half time, Not Enrolled

Semester to be Verified
One Semester Per Form
Ex. Fall 2010

I authorize Housatonic Community College to release the information indicated above to ONE of the options listed below:

- I Will Pick Up Send by Fax: (_____) _____ - _____

Attn: _____

- Send Certification to: Name: _____

Address: _____

City, State, Zip: _____

Student Signature: _____

Date: _____

BOTTOM PORTION OF THIS FORM IS TO BE COMPLETED BY THE REGISTRAR'S STAFF ONLY

Semester Beginning/Ending Dates: _____ to _____	
Semester Hours Currently Registered: _____	
<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less than Half Time <input type="checkbox"/> Not Enrolled for specified semester	
Curriculum: _____	Other: _____
_____	_____
<i>James Connolly, Registrar</i>	<i>Date</i>