



Enrollment Verification Request

Admissions and Records
3094 Indian Circle, Marianna, FL 32446
Phone (850) 718-2211 Fax (850) 718-2287

Print

Student Name _____
First Middle or Maiden Last

Chipola Student ID# _____ Date of Birth ____/____/____

When is your anticipated graduation from Chipola College? (Term and Year) _____

Enrollment Verification is requested for:

___ Current Term Only - Are you? ___ Full-Time ___ Half-Time ___ Less than half-time

___ Previous Term Enrollment

___ ALL enrollment at Chipola College

Are you submitting an additional form to be completed by this office? ___ No ___ Yes (Staple to this Request)

___ In-School Deferment Form

___ Insurance

___ Other

Allow 2-3 days for processing.

___ I will pick-up.

___ Please fax to this number: _____ Attn: _____

___ Please mail to: _____

Phone number we can reach you at during the day. _____

Student's Signature _____ Date _____

Chipola classifies enrollment status as follows:

Fall and Spring Semesters

Full-Time

Half-Time

Less than Half-Time

Academic Hours

12+ semester hours

6-11 semester hours

1-5 semester hours

Workforce Development Clockhours

360 - 450 Clockhours

180 - 359 Clockhours

1- 179 Clockhours

Summer Sessions

Full-Time

Half-Time

Less than Half-Time

Academic Hours

6+ semester hours

3-5 semester hours

1-2 semester hours

Workforce Development Clockhours

180 Clockhours

90 - 179 Clockhours

1 - 89 Clockhours