



Office of the University Registrar
ENROLLMENT VERIFICATION REQUEST

201 Mullica Hill Rd • Glassboro, NJ 08028-1701 • (856) 256-4360

Letters may be picked up by student with photo ID, emailed to the student’s Rowan email address or allow ten (10) working days for processing and mailing. (*We do not fax enrollment verification letters.*)

****Verifications for insurance companies can only be picked up by the student (who must show Photo ID) or mailed to the student’s permanent address.****

Return form to the Office of the University Registrar or email to registrar@rowan.edu.

Rowan ID (9 digits) _____

Student Name _____

Phone# (Daytime) _____

Rowan Email Address _____

Anticipated Graduation Date _____

Semester Requested _____

Reason for verification _____

In-person Pickup

Email to student’s Rowan email address

Mail to: _____

Student Signature _____ Date _____

If submitting this form electronically, your typed name in the signature field above will be considered your official electronic signature.

To obtain an enrollment verification via Self Service, go to <https://www.rowan.edu/selfservice>, click on the **Student** tab, then the **Student Records** link, and then **Request enrollment and/or degree verification**.