ENROLLMENT VERIFICATION REQUEST FORM

DCCC
THE COLLEGE OF DAVIDSON AND DAVIE COUNTIES

Student Records Office * Davidson Campus * Brooks Student Center
P.O. Box 1287, Lexington, NC 27293 * 336.249.8186 * Fax 336.248.6714

STUDENT INFORMATION:

_____ _____ _____
Last Name First Name Middle Name

_____ _____ _____
DCCC Student ID Number Date of Birth Last 4 digits of SSN

Verify Enrollment for: ____ FALL ____ SPRING ____ SUMMER Year: _____

Delivery Method:

____ Mail to: _____
Name Mailing Address City State ZIP

____ Fax Number with Area Code: _____

____ Student Pick Up on Date: _____

****

OFFICIAL ENROLLMENT VERIFICATION BY COLLEGE RECORDS OFFICE

As of today's date: _____ / _____ / _____ , the student's enrollment status is:

Enrollment Status		Dates of Attendance		Total Credit Hours	Course Load*		
		From Date	To Date		Full Time	Half Time	Less than Half-Time
	Currently Enrolled						
	Pre-Registered						
	Previously Enrolled						
	Never Attended						

Program of Study: _____ **Expected Date of Graduation:** _____

**Full-time students are enrolled in 12 or more credit hours. Half-time students are enrolled in 6 to 11 credit hours. Students enrolled in 5 or less credit hours are considered less than half time.*

Davidson County Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate degrees.

Questions regarding this enrollment verification should be directed to the Davidson County Community College Student Records Office at (336) 249-8186.

_____
Not valid without signature of Director, Student Records and Registration.

slr