

Enrollment Certification Request

Georgetown University Office of the Registrar

Name: _____ **Student ID Number:** _____

Enrolled:

full-time part-time graduated

in:

Graduate College MSB SFS Nursing SSCE

for:

Fall Spring Summer of 20____

Also include (optional):

Prior enrollment history Expected Date of Graduation

Other _____

Signature: _____ **Today's Date:** ____/____/____

Pick Up

Mail To:

