

Enrollment Verification Request

Please complete this form in its entirety.
 Enrollment verification requests for current/future semesters cannot be processed until the last day to add courses has passed. Previous semesters may be verified at any time. Certain verifications are subject to approval by Financial Services. Up to 5 letters may be requested per week. Normal processing time is 2-4 business days.

Send Requests To:
 Gordon-Conwell Theological Seminary
 Registration Office
 130 Essex Street
 South Hamilton, MA 01982
 registration@gcts.edu
 Fax: 978-646-4566 (no cover necessary)

Name _____ GCTS ID # _____ Date _____ GCTS Box # _____

Degree(s) _____ Telephone _____ GCTS Email _____

Total number of copies requested:
 (Note: If verifications are for more than two recipients, please use additional forms.)

Term(s) to be verified:
 Fall _____ Spring _____ January _____
 Summer _____

Recipient #1 Name and Address (REQUIRED)

 Recipient #1 Name

 Street

 Street (continued)

 City State Zip Country

Send to my GCTS Box

Verification Type:

Enrollment (for current students)
 Degree Completion (for alumni)
 Maintaining F-1 Visa Status

Include Expected Graduation Date?
 (for current students only)

No Yes
 Planned Grad Term: _____

Number of copies to this recipient:

Special Processing:

Recipient #2 Name and Address (REQUIRED)

 Recipient #2 Name

 Street

 Street (continued)

 City State Zip Country

Verification Type:

Enrollment (for current students)
 Degree Completion (for alumni)
 Maintaining F-1 Visa Status

Include Expected Graduation Date?
 (for current students only)

No Yes
 Planned Grad Term: _____

Number of copies to this recipient:

Special Processing:

***Student Signature (REQUIRED – ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED.)**

FOR REGISTRATION OFFICE USE ONLY: Mailed