VERIFICATION OF ENROLLMENT

VIA BANNERWEB

CURRENTLY ENROLLED STUDENTS

We are a member of the National Student Clearinghouse. Currently enrolled students can do a Self-Service Bannerweb Enrollment Verification.

Please follow the steps below:

1. **Log into Bannerweb**
2. Click on **Enter Secure Area**, then enter your user **ID (900#)** and six digit **Permanent PIN**.
3. Click on **Student Services & Financial Aid**
4. Click on **Registration**
5. Click on **Link to On-Line Enrollment Verification** you will then see National Student Clearinghouse page. Click on either the **Current enrollment** or **All enrollment** button.
6. Select **Obtain an Enrollment Certificate** print and mail.

♦♦♦

The company that is verifying your enrollment can contact the National Student Clearinghouse at 703-742-4200 or go to www.studentclearinghouse.org

If you have any questions, please contact the Office of the University Registrar 404-880-8938 Verification/Certification.

CLARK ATLANTA UNIVERSITY

COUNTER REQUEST - Former Students

GRADUATE ☐   UNDERGRADUATE ☐

INSTRUCTIONS FOR COMPLETING REQUEST: Former students or students who need verification before the start of a semester, enter the requested information on the counter request form. If you are leaving a form, attach the form to the first copy of the counter request and leave at the counter. You must complete a separate form for each request.

NAME_____   Student ID#_____

Address_____   Phone Number_____
City/State/Zip Code_____   (HOME)   (CELL)

School/Department_____   Anticipated Graduation Date_____
Currently Enrolled?   Yes   No   Last date enrolled_____

PLEASE HONOR THE FOLLOWNG REQUEST(S):

        Verify enrollment for current/past semester (Circle one or both)
        Verify Full-time   Part-time   Less than half-time
        Complete the attached form (i.e. Deferment)
        Verify GPA
        Other (explain)
        _____

The request should be (mailed to me   ) (another address   ) (picked up at counter   ) (faxed   )

Please provide the number and contact person where you would like this request to be faxed:
Contact Person: _____   Fax Number:_____

Give complete address where the request should be sent:

        _____
        _____
        _____

NOTE: Due to the number of requests to be processed, we ask that you allow <u>FIVE</u> (5) working days for processing. During peak periods (i.e. commencement, registration, closing of semester), we may not be able to honor the five-day processing time, but your request will be honored at the earliest possible date.

_____   _____
              Signature   Date