



Public Authority For Applied Education and Training  
**VERIFICATION OF ENROLLMENT**  
**GRADUATE STUDENTS**

\_\_\_\_\_ Term  
Semester      Year

This is to certify that

\_\_\_\_\_ Last Name      First Name      ID Number

is a full time student at \_\_\_\_\_

majoring in \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

Embassy Advisor \_\_\_\_\_

Student's Signature \_\_\_\_\_

Signature & Stamp of Registrar \_\_\_\_\_

NOTE TO STUDENTS: You are reminded to request a **medical insurance waiver** as you are covered under Cigna Healthcare, Account No. 2298366.

Course Number	Course Name	# of Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Number of Credits</b>		_____

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**ALL STUDENTS:** Has your address/telephone number changed??

Please check  No  Yes

If yes, please see below for address/telephone update.

**STUDENTS WITH DEPENDENTS:** Please attach your spouse and/or children's I-94s when applicable.

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**GRADUATE (Master's and Ph.D.) STUDENTS**

Please check all that apply:

- Completed course requirements
  - Passed qualifying exams Date Passed \_\_\_\_\_
  - Passed comprehensive exams Date Passed \_\_\_\_\_
  - Thesis proposal approved Date Approved \_\_\_\_\_
  - Began data collection phase
  - Dissertation in progress (writing/editing)
  - Defending dissertation
  - Expecting to graduate this semester
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**ADDRESS/ TELEPHONE/ EMAIL UPDATE**  
(Please complete this form if you have any changes)

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_