Enrollment/Degree Verification Request

Date: _____/_____/20__  Name: ________________________________

DSI: D ___________________________  Signature: ________________________________

Campus: ___________________________

Delivery Method:
☐ Pick-Up  ☐ Fax #: ___________________________  Attn: ___________________________

☐ Mail: ___________________________

Enrollment Verifications will include:
• Student Name  • Dates of Attendance
• Level (Undergraduate or Graduate)  • Expected graduation date
• Program

PLEASE NOTE: Individual course/grade information and GPA will NOT be included on this verification.

Degree Verifications will include:
• Student Name  • Degree
• Campus  • Program
• Level (Undergraduate or Graduate)  • Graduation Date

PLEASE NOTE: GPA will only be provided with written authorization. Please sign below for GPA:

_________________________________________________________

Students who require complete course lists, grades, and GPA information should submit a transcript request, or print an informal transcript from the portal. Instructions may be found here: http://www.chi.devry.edu/Transcripts.html

Please allow 1 business day for processing
Deliver to Registrar’s Office SAC 114 or Fax 773-929-6279