



North Brunswick Campus  
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 North Brunswick  
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 732-435-4880  
 800-333-3879  
 www.devry.edu

**ENROLLMENT VERIFICATION REQUEST**

NOTE: 1. Please **PRINT** all information legibly

2. Form **MUST** be completed by those students requiring:

- Loan Deferment Request
- Health Insurance Form Completions
- General Enrollment Verifications

Student Name: \_\_\_\_\_ DSI#: \_\_\_\_\_

S.S. # \_\_\_\_\_ Date Requested: \_\_\_\_\_

Current Status: \_\_\_\_\_ Active \_\_\_\_\_ Inactive \_\_\_\_\_ Graduate

**VERIFICATION REQUESTED FOR THE FOLLOWING SCHOOL TERM:**

\_\_\_\_\_ Spring, 20 \_\_\_\_\_ Summer, 20 \_\_\_\_\_ Fall, 20 \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:**

\_\_\_\_\_ STUDENT WILL PICK-UP \_\_\_\_\_ FAX TO: \_\_\_\_\_

FAX#: \_\_\_\_\_

\_\_\_\_\_ PLEASE MAIL TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_

**FOR OFFICE USE ONLY**

TERM STATUS \_\_\_\_\_ CREDITS \_\_\_\_\_

D.O.G. \_\_\_\_\_ PROGRAM \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_