ADLER UNIVERSITY

ENROLLMENT AND DEGREE VERIFICATION FORM – Vancouver Campus
Phone: (236) 521-2500
Fax: (236) 521-2400
Email: vanregistrar@adler.edu

❅ PLEASE PRINT LEGIBLY AND COMPLETE THE ENTIRE FORM ❅
❅ INCOMPLETE FORMS WILL BE RETURNED ❅

SECTION 1: PERSONAL INFORMATION

First Name: _____ Last Name: _____

Previous Names During Attendance: _____

Student ID: _____Program: _____

Mailing Address: _____

City: _____ Province/State: _____ Zip/Postal Code: _____

Daytime Phone: _____ Email Address: _____

Degree: _____

Graduation Date (if applicable): _____

SECTION 2: CHECK ALL THAT APPLY TO YOUR REQUEST

❑ Verification of Enrollment
❑ Verification of GPA
❑ Verification of Status (Full-time/Part-time)
❑ Fill out the form(s) attached
❑ Verification of Degree (please send your request after you receive email notification that your degree has been conferred)
❑ Unofficial Transcript Request (for students without access to Student Planner)
❑ Special Instructions: _____

Section 3: DELIVERY INFORMATION

❑ Email the requested document to: _____.
❑ Please send _____ copies of the document requested to the address below:

Name/Company: _____

Mailing Address: _____

City: _____Province/State: _____Zip/Postal Code: _____

SECTION 4: NOTIFICATION INFORMATION

❑ Email me when the document requested is ready. Email: _____.

Signature: _____ Date: _____

If returning request by mail, send to Adler University
Attention: Registrar's Office
520 Seymour Street, Vancouver, BC V6B 3J5

IMPORTANT: Please allow 5 business days for processing. If you have any questions regarding the status of your request, please email our office at vanregistrar@adler.edu.