



A R U B A  
**XAVIER UNIVERSITY**  
X U S O M  
S C H O O L O F M E D I C I N E

**REQUEST FORM**  
**VERIFICATION OF ENROLLMENT**

Date: \_\_\_\_\_

I hereby authorize Xavier University School of Medicine to release my enrollment information for the following term(s):

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year(s) \_\_\_\_\_

Address or fax number to which the letter should be sent:

ATTN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**Submit request to the office of the Registrar. Allow 7-10 business days for processing.**

Use this form to request a letter verifying the student's enrollment in Xavier University School of Medicine. The letter list: student's full name, academic term for which the letter is being generated, terms dates, student's status (Full-Time / Part-Time), student's division (Pre-Med / Basic Sciences), anticipated graduation date.

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- This information will not be released without the student's signature.
  - Some institutions provide alternate paperwork. These forms may be submitted in lieu of the Letter of Verification.
  - Enrollment letters will not be issued unless the student is in good financial standings and up to date on payments.
  - Verification of enrollment may only be completed for the term of present progress or past terms. We cannot verify future enrollment.
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