Enrollment Verification Form

Personal Information (Please print)

Name _____ SSN or Student ID# _____

Address _____ City _____ State _____ Zip Code _____

Phone Number ( ) _____ Email Address _____

Program of Study | Dates

- ☐ AA – Cross-cultural Studies
- ☐ BA – Biblical/Theological Studies
- ☐ BA – Estidies Bíblicos Y Teológicos
- ☐ BA – Business Administration
- ☐ BA – Music
- ☐ MA – MAPTM
- ☐ BBI – Ministry Studies
- ☐ ESL – English as a Second Language
- ☐ Other – _____

Are you currently enrolled? (__Yes)(__No)

When did you enroll at BUA?

(a.)Year _____

(b.) Semester _____

Date of request: _____

Delivery Options | Organization & Contact Information

Organization Name _____

Attention: _____

- ☐ Mail _____
  _____
  _____
- ☐ Email _____
- ☐ Fax ( ) _____-_____
- ☐ Text ( ) _____-_____
- ☐ Pick-up _____(student intl.)

Important Notes

1. Please use a separate form for each **verification/mailing address**.

2. The applicant is responsible for any fees in excess of regular class mail, **example** – courier service, fax, and priority post.

3. Enrollment Verifications are prepared in the Order in which they are received, our goal is to complete request within two business days.

_____ _____

Student Signature Registrar's Signature

Date Completed: