ROSEMAN UNIVERSITY OF HEALTH SCIENCES

ENROLLMENT/ GRADUATION VERIFICATION FORM

OFFICE OF THE REGISTRAR

Please provide the following information to assist us with your enrollment/graduation verification request. Be sure all information is filled out completely in order for the request to be processed in a timely manner. If you currently have a financial obligation outstanding to the university, your form is illegible, or your contact information is not current your request will be delayed.

Processing time is 3-5 business days except during peak periods. We do not provide expedited processing of verifications. An e-mail confirmation will be sent when the request has been processed.

Verifications of Enrollment/Graduation are free of charge. Roseman University of Health Sciences is not responsible for lost or misdirected mail.

Save as a PDF after completing form and Email directly to registrar@roseman.edu
For student ID, call (702) 968-2029 or email registar@roseman.edu.edu

Student/Alumni Information

CHECK HERE IF CONTACT INFORMATION NEEDS TO BE UPDATED

Last Name	First Name	MI	Student ID No.
			0000
Former Name			Date of Birth
Current Address City	State	Zip Code	Phone Number
Roseman E-mail Address or	Alternative E-mail Address		**Types of Letters & Quantity**

Program Attended & Year of Graduation: **Campus:**   Henderson   South Jordan

Class of _____   Withdrew _____

Enrollment _____   Graduation _____

Choose ONE of the Following:
Standard Letter
JuryDuty-Include Jury Summons
Academic Standing(No GPA)
Attached-No Letter Needed

Delivery Method

Recipient 1

Email: _____

Mail: _____
_____
_____
_____

Account number (if applicable)
_____

Recipient 2

Email: _____

Mail: _____
_____
_____
_____

Account number (if applicable)
_____

Roseman University of Health Sciences is not responsible for lost or misdirected mail.

Signature: _____   Date: _____

(Form must be signed for request to be processed. Electronic, Typed and handwritten signatures accepted.)

mas 8/27/2024