**Certification of Current Enrollment Status**

I confirm that the below mentioned student is a currently enrolled and pursuing studies at our institution and is in good standing.

|  |  |
| --- | --- |
| **Student Full Name:** |  |
| **Student Date of Birth:** |  |
| **Student Field of Study (Major):** |  |
| **Degree Type (Associate’s, Bachelor’s, Master’s):** |  |
| **Expected or Actual Graduation Date (mm/dd/yyyy):** |  |

|  |  |
| --- | --- |
| **University/Institution Name:** |  |
| **University Stamp or Seal:***Must be original stamp, not digital.* |  |
| **Representative Name:** |  |
| **Representative Title:** |  |
| **Representative Signature:***Must be original signature.* |  |
| **Date:** |  |