



SAC AND FOX NATION COLLEGE EDUCATION PROGRAMS

VERIFICATION OF ACADEMIC ENROLLMENT

Name of Student:
Social Security Number:
Name of College/University:

Registrar's Office: Please complete the section below (or attach an official letter).

The above student is enrolled in _____ credit hours for the 20____ Fall / Spring (please circle one) semester.

The above student's enrollment status is considered to be:

_____ Full-Time _____ Part-Time

Registrar's Official Signature

(Official Seal/Stamp)

Please return this form to:

Sac and Fox Nation Education Department
920883 S. Highway 99
Stroud, OK 74079

Phone: 918-968-0509
Fax: 918-968-0542