Holy Family University

Holy Family Hall, Rm 205
registrar@holyfamily.edu
267-341-3212 *(phone)*
215-281-9067 *(fax)*

Enrollment Certification

Please complete all information and return the form to a member of the Registrar's Office for processing.

Please Print:
Send to:

_____ Date _____

_____ Fax # _____

_____

_____

Student's Name _____ Student's HF ID # _____

Graduation/Anticipated Date _____

Parent's Name _____

Health Insurance, Payroll, or Policy Number _____

_____ _____
Student's Signature Date

To be completed by Registrar's Office.

Section A:	**Fall, Spring Winter, Summer**	**Year**	**Dates of Attendance**
_____ is registered for but has not yet attended classes for the	_____ semester,	20_____	_____
_____ is currently attending classes for the	_____ semester,	20_____	_____
_____ had attended classes for the	_____ semester,	20_____	_____

Section B: **Undergraduate**

Is ____ F/T *(12-18 credits)* ____H/T *(6-11 credits)* ___ L/H/T *(1-5 credits)*

Graduate/Doctoral

Is ____ F/T *(6 credits)* ____H/T *(3 credits)*

Section C:

____ Freshman ____Sophomore ____Junior ____Senior

____ Graduate Student ____Doctoral Student

This is to certify that the information above is correct. This is an official document with the raised University Seal
A copy is retained in the Registrar's Office.

_____ _____
Registrar's Office Representative Date

Revised 3/2016