Clear Form

Certification of Enrollment

Federal School Code: 001611

TO: _____

_____

_____

_____

Student Information:

Name: _____ **Student ID#:** _____

Phone#: _____ **Email:** _____@hawaii.edu

Signature: _____ **Date:** _____

Student Status Table

Semesters		Undergraduate		Graduate/Professional	
		Full-Time	Part-Time	Full-Time	Part-Time
Summer 2020 Semester	May 26, 2020 – July 31, 2020	6	3	3	2
Fall 2020 Semester	August 24, 2020 – December 18, 2020	12	6	6	3
Spring 2021 Semester	January 11, 2021 – May 14, 2021	12	6	6	3

***Note:** Our office is providing official certification for the above student's registration. Certifications released by our office are based on the student's registration as of the day of certification; no future semesters can be certified without registration. Please note that the student has the ability to make changes to his or her registration without notification.

For Office of the Registrar Use Only:

CLASS STANDING: ☐ Graduate ☐ Professional ☐ Senior ☐ Junior ☐ Sophomore ☐ Freshman

SEMESTER(S): Fall: 20_____ # Hrs:_____ Spring: 20_____ # Hrs:_____ Summer: 20_____ # Hrs:_____

ANTICIPATED GRADUATION DATE: _____
(Semester & Year)

CURRENT MAJOR: _____
(Major, Minor, Certificate)

OTHER: _____
(Degree Awarded, No Attendance, Good Standing, etc.)

Office Validation, University Seal and Date:

Place Seal Here

_____ _____
University Registrar Signature Date

This letter must include the University Seal to be valid.

Updated 01/2021