



H. LAVITY STOUTT COMMUNITY COLLEGE

OFFICE OF THE REGISTRAR, P. O. BOX 3097, ROAD TOWN, TORTOLA, VG1110
BRITISH VIRGIN ISLANDS

REQUEST FOR ENROLMENT VERIFICATION LETTER

YOU MUST BE ENROLLED IN THE CURRENT SEMESTER TO COMPLETE THIS FORM

Name (First, Middle Initial, Last)

Program Name

Address (Mailing)

Program Level Certificate of Achievement
 Associate Degree

Address (Physical)

Address Letter to (Full address required)

Student ID Number Number of Hours Enrolled

Contact Information (Cell, Email, Telephone-work/home)

Student's Signature Date

I understand that there is generally a turnaround period of three business days for Enrolment Verifications. During registration periods, additional time may be required to process your request. Current enrolment can be verified once the term has begun and payment has been arranged. Your account must be in good standing (no holds) to have this request processed.

Office Use Only

Balance _____ Semester/Year _____

Date Prepared _____ Initials _____

Receipt#/Date _____ Rev. 11/26/2015



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