COLLEGE OF THE CANYONS

Enrollment Services for the School of Personal & Professional Learning

ENROLLMENT VERIFICATION REQUEST

Please allow 2-4 business days for your request to be processed. We will email you an electronic copy of your Enrollment Verification Form via your My Canyons student email once it has been completed.

Student Name:			
(Last)		(First)	(Middle)
Student ID Number:		_ Telephone Number:	
Address:			
City:	State:	Zip:	
	<u>Verifi</u>	cation Information:	
Term o	& Year:		
Student's Signature			Date

(By typing in your name above and sending this request via your student email to freeclasses@canyons.edu, you are verifying the information given is true and that you are the named student on this petition)