

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: _____

Verification Information:

Term & 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)