



**Southeastern**  
Baptist Theological Seminary

## **VERIFICATION OF ENROLLMENT**

Date \_\_\_\_\_

**Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that the above name student, S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ is/was enrolled as a **full-time / at least half-time / less than half time** student and is/was attending classes which begin/began on \_\_\_\_\_ and ends/ended on \_\_\_\_\_.

Number of hours this semester: \_\_\_\_\_.

Expected Date of Graduation: \_\_\_\_\_.

**Certified by:**

Sheldon H. Alexander  
Registrar

**Please write below the complete address to which this form will be sent.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This document is official only when it bears the raised seal of Southeastern Baptist Theological Seminary.