



CALIFORNIA
NORTHSTATE
COLLEGE *of*
PHARMACY

Proof of Full Time Enrollment Request

California Northstate College of Pharmacy' Office of the Registrar provides confirmation of full time student enrollment status to financial institutions, organizations, or agencies at the student's request. To obtain enrollment certification, students must complete the form below and submit to The Office of the Registrar.

Student ID Number: _____ Today's Date: _____

First Name: _____ Middle Name: _____

Last Name: _____ Class of : _____

Social Security Number: _____

- Student Pick up
- Mail to Person /Organization – If checked please complete section below and submit with a Stamped envelope.

Where would you like the certificate sent?

Name / Organization _____

Address: _____

City: _____ State: _____ Zip: _____

For use by the Registrar's Office Only

Date Received: _____ Date mailed or picked Up: _____