



Health and Human Services • Est. 1944

Student Classification Form

(To be completed by Registrar or Academic Advisor)

I, _____, confirm that _____ is enrolled in
(Registrar/Academic Advisor) (Student)

the _____ semester and is currently classified as a (Please check one)
(Semester and year)

- Freshman
- Sophomore
- Junior
- Senior
- Other _____

Signature/ Title

Date

Email

Phone number