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