

ALAMANCE COMMUNITY COLLEGE  
P.O.BOX 8000  
GRAHAM, NC 27253

**VERIFICATION OF ENROLLMENT**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
          LAST                    FIRST                    MIDDLE

**ENROLLMENT DATES:**

<u>TERM</u>	<u>FULL-TIME SEM.HOURS</u>	<u>PART-TIME SEM.HOURS</u>	<u>BEGINNING DATE</u>	<u>ENDING DATE</u>
SPRING	_____	_____	_____	_____
FALL	_____	_____	_____	_____
SUMMER	_____	_____	_____	_____

(NOTE: A STUDENT ENROLLED 12 HOURS OR MORE IS CONSIDERED FULL-TIME; LESS THAN 12 HOURS IS CONSIDERED PART-TIME.)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ (SEAL)