

REQUEST FOR ENROLLMENT VERIFICATION OR ACADEMIC STANDING

Student Name	;		Date	
Rhodes ID Nu	ımber		Grad Year _	
Please prepare	e a Statement o	f Academic Standing		
Incl	ude current cur	nulative g. p. a. (optional)		
Mail To:				
	Name			-
	Institution			-
	Address			_
	City, St, Zip			-
Will pick up				
Student Signa	ture			
Email Confirm	nation			