

## **CHANCELLOR'S DOCTORAL INCENTIVE PROGRAM**

## 2021-2022 STUDENT ENROLLMENT VERIFICATION FORM (SEVF)

Name				
Last		First	Middle Initial	
Mailing AddressStreet Address/Apt. No.		City/State/Zip Code		
		City/Stati	e/Zip Code	
Daytime Phone:	me Phone:Email Address			
THIS FORM MUST	E COPIES OF THIS FORM BE SUBMITTED <u>EACH</u> SEMES' REMINDED TO SUBMIT THIS I			
This section must be enrollment.	e completed by Registrar's Office	e or campus official <u>autho</u>	<u>rized</u> to certify	
Name of Institution				
CURRENT SEMEST	TER ONLY			
	of the above named student is: on for the following semester:	□ Full-time □ Fall	☐ Part-time ☐ Spring	
Dates ( <b>Must be incl</b>	luded to receive funding)	from	_to	
CURRENT QUARTE	ER ONLY			
	of the above named student is: on for the following quarter:	□ Full-time □ Fall □ Winter	☐ Part-time ☐ Spring	
Dates ( <b>Must be incl</b>	luded to receive funding)	from	_to	
Name of Certifying (	Official			
Official Title			Institutional Seal/ Stamp  Required Here	
Signature of Official				
Date	Phone			
Email				

## **PROGRAM INSTRUCTIONS - READ CAREFULLY**

- 1. A completed SEVF must be submitted within **one month** of the current semester/quarter. Failure to submit form within deadline will result in non-payment for the term. Scanned or faxed copies are not accepted.
- 1. If any portion of this form is **written over, whited out, or not complete**, it will be rendered unacceptable and returned.
- 2. If another form of verification is prepared by the university, student must complete the top portion of this form and attach it to the verification form being submitted.
- 3. If student is part-time, verification of full-time equivalent is required from doctoral advisor and submitted with this form.
- 4. Check will be mailed to the address listed on this form.