

CHANCELLOR'S DOCTORAL INCENTIVE PROGRAM

2022-2023 Student Enrollment Verification Form

First Name: _____ Last Name: _____ Middle Initial: _____

Mailing Address: _____ City: _____ Zip Code: _____

Daytime Phone Number: _____ Email Address: _____

THIS FORM MUST BE SUBMITTED EACH SEMESTER/QUARTER TO RECEIVE FUNDS AND TO BE CONSIDERED IN GOOD STANDING. YOU WILL NOT BE REMINDED TO SUBMIT THIS FORM FOR SUBSEQUENT TERMS.

Name of Institution: _____

CURRENT SEMESTER ONLY

- Full-Time Fall Part-Time Fall
 Full-Time Spring Part-Time Spring

Date From: _____ Date To: _____

CURRENT QUARTER ONLY

- Full-Time Fall Part-Time Fall
 Full-Time Winter Part-Time Winter
 Full-Time Spring Part-Time Spring

Date From: _____ Date To: _____

PROGRAM INSTRUCTIONS – READ CAREFULLY

1. A completed SEVF must be submitted within one month of the current semester/quarter. Failure to submit the form by the deadline will result in non-payment for the term.
2. If student is part-time, verification of full-time equivalent is required from doctoral advisor and submitted with this form.
3. Email this form and your enrollment verification (unofficial transcript, chair/advisor email, National Clearinghouse form) together.

EMAIL FORM AND ENROLLMENT VERIFICATION TO: CDIP@CALSTATE.EDU