



Please Return to:

Financial Aid & Scholarships
171 Moultrie Street * Charleston, SC 29409
843.953.5187 * 843.953.6759 (fax)
www.citadel.edu

**FORMAL CONSORTIUM AGREEMENT
Enrollment Verification**

Date: _____

To Whom It May Concern:

The Admissions and Records Office has been authorized to provide the registration status for the student listed below:

Name: (Please Print)

Social Security #

Student Signature or: School Request

DO NOT WRITE BELOW THIS LINE

To be completed by the visiting institution the student is currently attending

The student has enrolled as indicated below

Fall **Spring** **Maymester** **Summer I** **Summer II**

Full time (12 hours or more)

Half time (11-6 hours)

Less than 6 hours

The semester begins _____ and ends _____

CERTIFICATION OF ENROLLMENT

The above named student is/was enrolled at _____

Registrar's Signature

Print Name and Title

Date