

ENROLLMENT VERIFICATION REQUEST FORM

Name: _____

Preferred Phone Number: _____

Chapman ID #: _____ Current Term: _____

Current Program: ☐ Juris Doctor (J.D.) ☐ Master of Laws (LL.M.)
(Check one box)

Expected Graduation Date: _____

Delivery Address*:

1. _____

2. _____

* Please attach additional addresses if needed.

International LL.M. students: *If you are requesting a verification letter with specific requirements please list in detail the information your letter must include:*

Student Signature

Date

Mail, Fax, or Scanned and Emailed request forms with student's written signature are accepted.

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