OKLAHOMA STATE UNIVERSITY
OKLAHOMA CITY

Office of the Registrar
900 N. Portland
Oklahoma City, Oklahoma 73107
405-945-3291 | O
okc.records@okstate.edu

ENROLLMENT CERTIFICATION REQUEST

Enrollment certification letters are official verification from the University of your enrollment status at OSU-OKC. These letters can assist in verifying your enrollment status to insurance companies, lenders or other agencies. A standard enrollment certification letter includes the student's name, destination address, OSU-OKC FICE code and a summary of the student's enrollment history for the term(s) requested. Other information that can be provided upon request includes the student's cumulative graduation/retention GPA, semester GPA and good academic standing. Enrollment certification requests will be fulfilled within approximately two business days.

_____
Name of Records Holder (last, first, middle) PLEASE PRINT

_____ _____
Student ID College

_____ _____
Number of Copies Semesters to include (ex., Fall 2011) Note: Only semesters of OSU-OKC enrollment can be included.

Mail to: (First class, Regular U.S. Postal Service)

Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Or email address to: _____

OPTIONAL ENROLLMENT CERTIFICATION LETTER DETAILS (check all that apply)

- ☐ Good Academic Standing
- ☐ Semester GPA
- ☐ Degrees Awarded from OSU-OKC
- ☐ See Attached Form
- ☐ Other (please specify) _____
- ☐ Cumulative Graduation/Retention GPA
- ☐ Online Course(s)
- ☐ Blended/Hybrid (see below)
- ☐ Expected Graduation Term

Please note: For Blended/Hybrid verification, the following must be completed by the instructor of record before submitting to the Office of the Registrar for processing. One form required per course verification request.

As the instructor of record or department head responsible for this course, I verify the following percentages of face-to-face vs. online instruction:

Course Prefix and Number: _____ CRN: _____ Semester: _____

Percentage of face-to-face instruction: _____

Percentage of web-based instruction: _____

Total = 100%

Instructor or Department Head Signature: _____ Date: _____

_____ _____ _____
Student Signature Contact Phone Number Date

For Office Use Only

Received By: _____ Date: _____

2/13/2026