UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
National Marine Fisheries Service
Northeast Fisheries Science Center
166 Water Street
Woods Hole, MA 02543
ATTN: Dr. Ambrose Jearld

REQUEST FOR VERIFICATION OF STUDENT STATUS

TO: Office of Registrar

FROM: STUDENT'S NAME _____ SSN: _____

I authorize you to release information to the addressee shown above.

SIGNATURE: _____ DATE: _____

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PLEASE FURNISH THE FOLLOWING INFORMATION ON THE STUDENT IDENTIFIED ABOVE:

1. ____ Currently enrolled as a full-time student
   ____ Currently enrolled as a half-time student
   ____ Currently enrolled as more than a half-time student
   ____ Accepted for enrollment as a full-time student
   ____ Accepted for enrollment as a half-time student
   ____ Not currently enrolled

NOTE: Half-time is whatever the school's definition of "half-time" is OR one half of the number of hours the school required to be considered a full-time student. (Example: If a school requires 12 hours to be full-time, then half-time would be 6 hours.)

2. ENROLLED FOR:
   ____ Number of semester hours for current semester, or
   ____ Number of quarter hours for current quarter.

3. IS STUDENT MAINTAINING AN ACCEPTABLE SCHOOL STANDING?

____	____	_____
YES	NO	NEW STUDENT

INFORMATION PROVIDED BY: _____
Please indicate Organization _____
and Position Title _____