



CSC Internal Use: Verified: _____ Status: _____

FOR COMPETITORS ONLY
DUE ON OR BEFORE COMPETITION DAY

Full Time Student College Enrollment Verification Form

Student Information:

First Name: _____ Last Name: _____
 School Name: _____ City, State: _____
 Student ID#: _____ # Units Enrolled: _____
 Enrollment Status: Full Time Part Time Un-enrolled

Class Schedule:

Class Department (Science)	Class Name (GEOL 102)	# Units (3)

*Add additional classes on back of form.

School Internal Use Only:			
Date Received: _____	Staff Contact Number: (_____) _____ - _____		
Student Enrollment Verification:	Full Time	Part Time	Un-enrolled
Staff Name (First, Last): _____			
Staff Signature: _____			