



SIMMONS UNIVERSITY
Office of the Registrar
300 The Fenway, Boston, MA 02115
Tel 617.521.2111 Fax 617.521.3144
COURSE SCHEDULE VERIFICATION FORM

Name: _____

Name During Attendance: _____

Simmons ID #: _____

Anticipated Completion Date: _____

Date of Birth: ____/____/____ Daytime Phone: _____

E-mail Address: _____

Verification TYPE:

TYPE OF REQUEST	DESCRIPTION	# OF COPIES
Course Schedule Verification Letter	A Course Schedule Verification Letter verifies the courses that a student is currently registered for, in addition to the number of credits enrolled for this semester.	

Options:

I need my transcript and current registration sent out.

- Please attach this form to your transcript request on [Parchment](#).

I only need my current registration information sent.

- Please email the completed form to registrar@simmons.edu. DO NOT PLACE AN ORDER ON PARCHMENT.

Signature: _____

Date: _____