



**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](mailto:registrar@simmons.edu). DO NOT PLACE AN ORDER ON PARCHMENT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_