

Office of the Registrar
Nueta Hidatsa Sahnish College
PO Box 490/220 College Drive New Town, ND 58763 Phone: 701-627-8047

Fax: 701.627.4790 registrar@nhsc.edu

ENROLL MENT VERIFICATION

·		SSN:
Undergraduate	Email Address:	Phone #:
Non-Degree	Last Date of Attendance:	Major
ear:		_
ear	Fall Spring Summe	Date Withdrawal Initiated:
	*NOTE: We connet provide a	fficial varification until var are appelled
	"NOTE: We cannot provide o	fficial verification until you are enrolled.
ADDITIONAL INFO	RMATION YOU ARE REQUESTING:	
ADDRESS OF REC	IPIENT (Please Print)	
• Enrollmen	t verifications provides to third parti	es that you are, or were previously, enrolled as a student at NHSC.
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• The Regist	trar's office provides verification tha tudent Name emester's Enrolled	
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Registrar's Use Only

Signature:

Date of institutional determination Enrollment Verification: