To request a letter verifying full-time enrollment for a specific term at Carson-Newman, please complete the information required and submit to the Registrar’s Office. (contact information below)

**REQUEST FOR FULL-TIME STUDENT LETTER**

Name ________________________________

Date _______________ Student ID# ____________

Phone _______________ SSN ________________

Address or Fax number where letter is to be sent:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Semester to verify enrollment? ________________________________

Signature (required) _____________________________________________

Registrar’s Office contact information:

Registrar’s Office
Carson-Newman College
C-N box 71985
Jefferson City, TN 37760

Phone 865-471-3240

Fax 865-471-2013