

**UNIVERSITY OF HAWAII AT MANOA**

Office of the Registrar  
2600 Campus Road, Rm 010, Honolulu, HI 96822  
Telephone (808) 956-8010, Facsimile (808) 956-7830  
Federal School Code = 001610-00

September 12, 2022

**TO WHOM IT MAY CONCERN:**

**Name of Student:**

For loan verification: Social Security #

***This is to certify that the information provided below for the above named student is an accurate account from our files.***

**The student is currently attending the University of Hawaii at Manoa. Dates of semester:**

Fall 2022 (August 22, 2022 to December 16, 2022)

Full time

***The Office of the Registrar has verified ONLY requested items.***

Sincerely,

SL: GT

**IMPORTANT:** If you are forwarding this certificate to a 3<sup>rd</sup> party, we advise that you print your policy, account or other identifying information on each page.

Policy/Acct. Holder Name

Policy/Account/Group or Other ID #

# Current Enrollment Verification Certificate

Transaction ID#: 032825719

Date/Time Notified: 06/21/2017 17:48 EST

The National Student Clearinghouse as Authorized Certifying Agent for  
**CALIFORNIA STATE UNIVERSITY - LONG BEACH**

verifies the enrollment below for

**REDACTED**

The student's current anticipated graduation date is 05/21/2022.

This document should not be used for loan deferment verification purposes. Those verifications are handled by lenders using online access to the Clearinghouse. Refer lenders with questions to [service@studentclearinghouse.org](mailto:service@studentclearinghouse.org).

Term Start Date	Term End Date	Enrollment Status	Status Effective Date	Date Certified by School
05/30/2017	08/18/2017	Less Than Half Time - END OF RECORD -	05/27/2017	08/12/2017

California State University, Long Beach is accredited by the Universities of the Western Association of Schools and Colleges and the California State Board of Education. Additional information concerning University accreditation may be obtained from the Office of the Provost.

*This information verified has been obtained directly and exclusively from the individual's educational institution. The Clearinghouse specifically disclaims any responsibility or liability for errors or omissions in information supplied to the Clearinghouse by an educational institution, including direct, indirect, incidental, special, or consequential damages based in contract, tort, or any other cause of action, resulting from the use of information supplied by the educational institution and verified.*



Chaminade University  
OF HONOLULU

May 19, 2015

Dear Sir or Madam:

This is to certify that the above named student was registered as a full time student, in an undergraduate program, for the Spring Day 2015 term. The term dates were January 12, 2015 to May 7, 2015. She is pre-registered as a full time student for the Fall Day 2015 term. The term dates are August 24, 2015 to December 10, 2015. Enrollment status may be confirmed by calling the Records Office a week after the beginning of the Fall term.

Anticipated graduation date is May 2018.

If you have any further questions, please contact the Records Office at (808) 440-4221. .

Sincerely,

Judy Masuda  
Records Specialist



ENROLLMENT VERIFICATION

Federal School Code 003212

Enrollment Terms	Term Start Date	Term End Date	Acad Level	Credits Attempted	Stu Load
Reporting-Spring 2016	01/01/16	05/22/16	UG	20.00	F
Reporting-Fall 2015	08/24/15	12/31/15	UG	13.00	F
Reporting-Spring 2015	01/01/15	05/17/15	UG	18.00	F
Reporting-Fall 2014	08/25/14	12/31/14	UG	17.00	F
Reporting-Spring 2014	01/01/14	05/18/14	UG	19.00	F
Reporting-Fall 2013	08/25/13	12/31/13	UG	16.00	F

Anticipated

Degree Date Academic Program

05/17 BS-EXERCISE SCIENCE MOTOR BEHAVIOR

Last Term Enrolled: 2016S

Signature of Authorized Official:

*Anne Herman*

Registrar

Name/Title of Authorized Official:

Anne Herman, Registrar  
(503) 352-2793

DA

EXPLANATIONS

Student Load--

L = less than half-time

H = half-time

F = full-time

O = overload (more than full-time)

School of Professional Psychology

Internship full-time = 2 credits

Internship half-time = 1 credit



**WILLAMETTE  
UNIVERSITY**

u. s. a.

900 State Street, Salem, OR 97301  
willamette.edu  
e university registrar  
phone: 503.370.6206

February 11, 2016

To Whom It May Concern:

This is to verify that

Is enrolled as a full-time undergraduate student in good standing for **Spring Semester 2016**.

The beginning date of the undergraduate program at Willamette University for **Spring Semester 2016** is January 18, 2016 and the ending date is May 12, 2016.

Please feel free to contact me if you have any questions on this matter.

Thank you for your support of this student's educational efforts at Willamette University.

Sincerely,

A handwritten signature in cursive script that reads "Laura Jacobs Anderson".

Laura Jacobs Anderson  
University Registrar  
Email: [registrar@willamette.edu](mailto:registrar@willamette.edu)