

## CHANCELLOR'S DOCTORAL INCENTIVE PROGRAM

# 2019-2020 STUDENT ENROLLMENT VERIFICATION FORM (SEVF)

Name \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_  
Street Address/Apt. No. City/State/Zip Code

Daytime Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

**IMPORTANT: MAKE COPIES OF THIS FORM**

**THIS FORM MUST BE SUBMITTED EACH SEMESTER/QUARTER TO RECEIVE FUNDS.  
YOU WILL NOT BE REMINDED TO SUBMIT THIS FORM FOR SUBSEQUENT TERMS.**

This section must be completed by Registrar's Office or campus official authorized to certify enrollment.

Name of Institution \_\_\_\_\_

**CURRENT SEMESTER ONLY**

I certify that status of the above named student is:  Full-time  Part-time  
in a doctoral program for the following semester:  Fall  Spring

Dates (**Must be included to receive funding**) from \_\_\_\_\_ to \_\_\_\_\_

**CURRENT QUARTER ONLY**

I certify that status of the above named student is:  Full-time  Part-time  
in a doctoral program for the following quarter:  Fall  Winter  Spring

Dates (**Must be included to receive funding**) from \_\_\_\_\_ to \_\_\_\_\_

Name of Certifying Official \_\_\_\_\_

Official Title \_\_\_\_\_

Signature of Official \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Institutional Seal/ Stamp  
**Required** Here

**PROGRAM INSTRUCTIONS - READ CAREFULLY**

1. A completed SEVF must be submitted within **one month** of the current semester/quarter. Failure to submit form within deadline will result in non-payment for the term. Scanned or faxed copies are not accepted.
1. If any portion of this form is **written over, whited out, or not complete**, it will be rendered unacceptable and returned.
2. If another form of verification is prepared by the university, student must complete the top portion of this form and attach it to the verification form being submitted.
3. If student is part-time, verification of full-time equivalent is required from doctoral advisor and submitted with this form.
4. Check will be mailed to the address listed on this form.