

**CASE WESTERN RESERVE UNIVERSITY
MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES**

VERIFICATION FORM

Name: _____ SS# _____

Today's Date: _____

I, the above named student, am requesting a letter from the Office of Student Services that states one or more of the following: ***(Please check all that apply)***

- I am currently enrolled at MSASS.

- I was enrolled from _____ to _____.
Month/Day/Year Month/Day/Year

- I am a candidate for graduation on _____, _____.
Month Year

- I have completed _____ credit hours at MSASS.

- M.S.S.A. Degree is the same as an M.S.W. Degree.

- Other, please list:

PLEASE NOTE: We will process your request within five (5) business days of the date of receipt.

Please indicate to whom the letter should be addressed and their mailing address below:

Signature of Student

FOR OFFICE USE ONLY					
Enrolled _____	Credit Hrs. _____	G.P.A. _____	MSSA _____	Grad Date _____	Other _____