

DELTA SIGMA THETA SORORITY, INC
A PUBLIC SERVICE SORORITY
ALASKA ALUMNAE CHAPTER

STATEMENT OF ENROLLMENT

Section A: (to be completed by the student)

Student's Name _____

School ID Number _____

Name of School: _____

Is the school accredited? Yes No

*Is the student attending school full time? Yes No

Is the student enrolled for the upcoming semester? Yes No

Number of credit units the student will carry _____

Student's Signature & Date _____

Section B: (to be completed by the registrar)

Verification of actual enrollment from the Registrar of the school is required. Please have the Registrar of the school complete this certification after the semester has begun by *inserting the appropriate seal at the bottom of the form.*

This is to certify that _____ is enrolled as a full time student for the Fall/Spring semester of this school year, carrying _____ credit hours.

School: _____

Address: _____

Registrar's signature: _____

Date: _____

Telephone number: _____

*Scholarship recipients not enrolled full time will forfeit the scholarship.

Empowering Communities Through Committed Service

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