



Office of the Registrar
 5500 University Parkway, San Bernardino, CA 92407
 Office: 909-537-5200 Fax: 909-537-7021
 Fee \$25.00

Course/Unit Verification Request

Student Name _____ First term at CSUSB _____
(LAST) (FIRST) (Middle) Graduate*
 Undergraduate

Please Mail _____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

Pick Up
 Telephone # (_____) _____ (You will be notified by telephone once this request is ready for pick up.)

Minimum units enrolled per quarter: 12 units 16 units Major (include concentration) _____

Expected term of degree completion (Quarter and Year) _____ Grad Check on file? Yes No

*You will receive a Letter of Verification noting completed and remaining degree requirements, a PAWS report and a copy of your Graduation Requirement Check (if completed). Please allow a minimum of two (2) weeks for processing. Also, please note that it is your responsibility to make sure all course substitutions and transfer course updates have been completed prior to submitting this request. *Graduate students must have a completed grad check on file for this request.*

Student Signature _____ Student ID# _____ Date _____