CERTIFICATION OF ELIGIBILITY PERMANENT MAILING ADDRESS Student ID Number Name Street City State Telephone SEMESTER Fall Summer Spring YEAR _ COURSE LEVEL (Check one) Registering for undergraduate **and** graduate courses ☐ I am registering for undergraduate courses only ☐ Teacher taking courses for recertification only ☐ I am registering for graduate courses only ☐ Senior citizen taking courses for audit only ELIGIBILITY STATUS (Check highest level attained-check one only) ☐ 5-applicant admitted to VCU for future semester 9-hold associate (2-year) degree ☐ 1-high school student ☐ 2-high school graduate, not out of school one year ☐ 6-transient student from another college ☐ 10-hold baccalaureate (4-year) degree ☐ 3-high school graduate, out of school one year ☐ 7-former VCU undergraduate (not under suspension) ☐ 11-hold master's degree 4-GED holder State: _ ☐ 12-hold doctoral degree ☐ 8-former college undergraduate student NAME AND ADDRESS OF SCHOOL (corresponding to the eligibility status checked above) Institution Name Street City State Zip DATES OF ATTENDANCE _ In order to receive undergraduate credit, a nondegree-seeking (special) student must have been out of school for at least one year for a first suspension or five years for a second suspension and must fall into one of the eligibility status categories three through 12 above. Special undergraduate students are limited to enrolling in a maximum of 11-credit hours per semester. In order to receive graduate credit, a nondegree-seeking (special) student must fall into one of the eligibility status categories 10 through 12 above. Please read the Graduate and Professional Programs Bulletin and be aware of the general admission requirements therein as well as any special requirements in individual schools or programs. I have read the eligibility statements above and understand that, if my eligibility is not established, I will not receive academic credit for courses taken at VCU nor will I be entitled to a tuition refund as a result of my ineligibility. I also authorize the above named school to release the information requested on this form. STUDENT SIGNATURE __ _ DATE _____ CERTIFICATION OF ELIGIBILITY (to be filled out by school) SECTION I: High school only ☐ Graduate of this institution ☐ Has attended this institution but has not graduated ☐ We have no record of this student Please indicate whether or not the student graduated from your school. DATE GRADUATED___ COMMENTS_ Institution Name Signature Date SECTION II: College only (indicate the student's status) ☐ Graduate of this institution: Degree_ Date awarded_ ☐ Has attended this institution but has not graduated

When completed by school official, this form should be returned to: Virginia Commonwealth University, Office of the University Registrar, 1015 Floyd Ave., room 1100, Richmond, VA 23284-2520. The administration of Virginia Commonwealth University appreciates your cooperation in forwarding this information.

Signature

☐ Currently attending this institution and not on academic suspension ☐ Currently on academic suspension: Date of suspension _____

☐ We have no record of this student

COMMENTS_

Institution Name



Date suspension expires ___

Date