



2019-2020 STUDENT ANALYSIS FOLLOW-UP FORM
ENROLLMENT VERIFICATION

Student Name: _____
Last, First MI

Date: _____

ID Number: _____

Please verify the number of units for which you intend to enroll during:

- Fall 2019 _____
- Spring 2020 _____

Intended graduation date: _____ (mm/yy)

Please make sure to re-submit this form if your enrollment units change from the above stated units at any time.
This form is for Financial Aid purposes only and does not constitute a notification to change courses.
If you need to add/drop classes, you must do so through the appropriate office(s).

All of the information on this form and attached documents is true and complete to the best of my knowledge.

Print name

Signature of Student

Date

Please email to:
krenna@fst.edu