



VERIFICATION of ENROLLMENT REQUEST To be completed by the student:

Name on AMDA Record:

Last First Middle

Other Name, If any: _____
Last First Middle

SSN #: _____ - _____ - _____ Student ID#: _____

Campus: New York Los Angeles

Program:

Conservatory: Integrated Studio Dance Th

BFA: Mus Th Acting Perf Arts Dance Th

DOB: _____ / _____ / _____ # of Copies: _____

Current Address:

Street

City State Zip

Phone #: _____

Send Verification to the following Address:

Name of Institution/Person or Agency

Street

City State Zip

This is to VERIFY my status of:

Enrollment at AMDA Prospective Student

Date of Graduation Academic Standing (i.e. G.P.A.)

Other:

Fax Verification to _____
Attention: _____

Pick up Verification letter at Reception

Student's Signature: _____

Date: _____

VERIFICATION OF ENROLLMENT STATUS

OFFICE USE ONLY

This form is to verify that _____, social security number _____, is/was enrolled at The American Musical & Dramatic Academy as follows:

Student's enrollment history during academic periods are as follows:

is / was / will be _____ TO _____ Full-Time ___ Half-Time ___ Less than Half-Time

is / was / will be _____ TO _____ Full-Time ___ Half-Time ___ Less than Half-Time

is / was / will be _____ TO _____ Full-Time ___ Half-Time ___ Less than Half-Time

is / was / will be _____ TO _____ Full-Time ___ Half-Time ___ Less than Half-Time

Program: Conservatory Bachelor of Arts Current Semester: _____ Year: _____

Cumulative GPA: _____ Semester GPA: _____ Summer OFF Status: _____

Anticipated Graduation Date/Graduated: _____ Date of Withdrawal: _____

AMDA is accredited by the National Association of School of Theatre (NAST) and in Los Angeles with the Bureau for Private Postsecondary Education (BPPE). Please feel free to contact AMDA's Education Department if any further information is required.

Completed by: _____ Date: _____

Printed Name: _____ Title: _____