AMDA

AMDA College of the Performing Arts/Los Angeles
The American Musical & Dramatic Academy/New York

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: ❑ Los Angeles ❑ New York

Program:
Conservatory/AOS: ❑ Integrated/MusTh ❑ Studio ❑ Dance Th
BFA: ❑ Mus Th ❑ Acting ❑ Perf Arts ❑ Dance Th

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

Current Address:

Street_____

City, State, Zip_____

Phone #: (_____) _____ - _____

This is to VERIFY my status of:

❑ Enrollment at AMDA ❑ Prospective Student

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

❑ Other:

❑ Send Verification to the following Address:

Name of Institution/Person or Agency

_____

Street_____

City, State, Zip_____

❑ 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 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 ❑ Associates of Occupational Studies ❑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). Los Angeles approved by the Bureau for Private Postsecondary Vocational Education (BPPVE). New York approved by the Bureau of Proprietary School Division (BPSS). Please feel free to contact AMDA's Education Dept/Academic & Registrar's Office for further information.

Completed by/Signature: _____ Date: _____

Printed Name: _____ Title: _____