



### VERIFICATION of ENROLLMENT REQUEST

To be completed by the student/please print legibly

**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 #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Email Verification to: \_\_\_\_\_@\_\_\_\_\_

**This is to VERIFY my status of:**

Enrollment at AMDA  Prospective Student

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

Other:

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

is  was  will be  \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

is  was  will be  \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

is  was  will be  \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Time <input type="checkbox"/>	Half Time <input type="checkbox"/>	Less Than Half Time <input type="checkbox"/>
Full Time <input type="checkbox"/>	Half Time <input type="checkbox"/>	Less Than Half Time <input type="checkbox"/>
Full Time <input type="checkbox"/>	Half Time <input type="checkbox"/>	Less Than Half Time <input type="checkbox"/>
Full Time <input type="checkbox"/>	Half Time <input type="checkbox"/>	Less Than Half Time <input type="checkbox"/>

**Program:** Conservatory  Associates of Occupational Studies  Bachelor of Arts

Current Semester:	Year:	Cumulative GPA:	Semester GPA:
Summer OFF Status:	Date of Withdrawal:	Anticipated Graduation Date/Graduated:	

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.

Education Dept/Registrar's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_