



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

Office of the University Registrar

1735 Wahnish Way, CASS Bldg., Suite 206, Tallahassee, FL 32307
 Office: (850) 599-3115; Fax: (850) 412-7248; Email: registrardocs@famu.edu

GROUP VERIFICATION FORM

ORGANIZATION OR DEPARTMENT NAME _____ REQUESTED TERM/SEMESTER _____
Only one term/semester per page

DIRECTOR, ADVISOR OR AUTHORIZED OFFICER _____ CONTACT NUMBER _____

Not for student(s) being verified

EMAIL _____

SIGNATURE _____ DATE _____

Note: If this request is regarding Greek Organization(s), please forward this completed signed form to the **Director of Student Union and Activities**. All other departments, please forward this completed signed form to Registrar's office Room 206 CASS Bldg. or email to registrardocs@famu.edu. If your group request number will consist of more than two pages, please use our excel version of the group verification form. Please allow 3-5 business days for processing.

*****Verification by Registrar Dept. Only*****

Required	*Required*	*Required*	REQUESTED TERM/SEMESTER ENROLLMENT STATUS					
			Y/N	Academic Classification	FULL / PT or LESS ½	Sem. G.P.A.	Cumm. G.P.A.	Total Earned Credit Hrs.
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DO NOT WRITE BELOW THIS LINE:

Name of Registrar Staff: _____ Title: _____

Signature: _____ Date: _____