**Virginia Commonwealth University**

# CERTIFICATION OF ELIGIBILITY

Student ID Number

PERMANENT MAILING ADDRESS

Name _____

Street _____

City _____ State _____ Zip _____

SEMESTER Fall Summer Spring YEAR _____

COURSE LEVEL (Check one)

☐ Registering for undergraduate **and** graduate courses
☐ Teacher taking courses for recertification only
☐ Senior citizen taking courses for audit only
☐ I am registering for undergraduate courses only
☐ I am registering for graduate courses only

ELIGIBILITY STATUS (Check highest level attained-check one only)

☐ 1-high school student
☐ 2-high school graduate, not out of school one year
☐ 3-high school graduate, out of school one year
☐ 4-GED holder State: _____
☐ 5-applicant admitted to VCU for future semester
☐ 6-transient student from another college
☐ 7-former VCU undergraduate (not under suspension)
☐ 8-former college undergraduate student
☐ 9-hold associate (2-year) degree
☐ 10-hold baccalaureate (4-year) degree
☐ 11-hold master's degree
☐ 12-hold doctoral degree

NAME AND ADDRESS OF SCHOOL (corresponding to the eligibility status checked above)

Institution Name _____

Street _____

City _____ State _____ Zip _____

DATES OF ATTENDANCE _____

In order to receive undergraduate credit, a nondegree–seeking (special) student must have been out of school for at least one year for a first suspension or five years for a second suspension and must fall into one of the eligibility status categories 3 through 12 above. Special undergraduate students are limited to enrolling in a maximum of 11 credit hours per semester.

In order to receive graduate credit, a nondegree–seeking (special) student must fall into one of the eligibility status categories 10 through 12 above. Please read the Graduate and Professional Programs Bulletin and be aware of the general admission requirements therein as well as any special requirements in individual schools or programs.

I have read the eligibility statements above and understand that, if my eligibility is not established, I will not receive academic credit for courses taken at VCU nor will I be entitled to a tuition refund as a result of my ineligibility. I also authorize the above named school to release the information requested on this form.

STUDENT SIGNATURE _____ DATE _____

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CERTIFICATION OF ELIGIBILITY (to be filled out by school)

SECTION I: High school only

☐ Graduate of this institution
☐ Has attended this institution but has not graduated
☐ We have no record of this student

Please indicate whether or not the student graduated from your school. DATE GRADUATED _____

COMMENTS _____

Institution Name _____ Signature _____ Date _____

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SECTION II: College only (indicate the student's status)

☐ Graduate of this institution: Degree _____ Date awarded _____
☐ Has attended this institution but has not graduated
☐ Currently attending this institution and not on academic suspension
☐ Currently on academic suspension: Date of suspension _____ Date suspension expires _____
☐ We have no record of this student

COMMENTS _____

Institution Name _____ Signature _____ Date _____

When completed by school official, this form should be returned to: Virginia Commonwealth University, Records and Registration, 827 W. Franklin St., Room 104, Richmond, VA 23284-2520. The administration of Virginia Commonwealth University appreciates your cooperation in forwarding this information.

**Virginia Commonwealth University** • Office of Records & Registration
Division of Student Affairs & Enrollment Services
P.O. Box 842520 • Richmond, VA 23284-2520 • www.vcu.edu/enroll/rar/

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