

Jackson State University  
College of Business

**VERIFICATION OF ENROLLMENT  
RECEIPT OF SYLLABUS**

*Student Instructions:* Please complete the information requested below and return this form to the instructor.

Student \_\_\_\_\_ J-Number \_\_\_\_\_

Course No. / Section No. \_\_\_\_\_ Course Title \_\_\_\_\_

Course Instructor \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_



I acknowledge the receipt of a syllabus for the above course.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**