

**Jackson State University
Office of Academic Affairs**



**Verification of Enrollment
Receipt of Syllabus**

(Actual enrollment in this course can only be validated by the Registrar.)

Please complete the information requested below
and return this form to the instructor.

Name: _____

J-Number: _____

Course No./Section _____ Course Title: _____

Semester: _____

Year: _____

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By checking the box and entering my date of birth, I acknowledge the receipt of a syllabus for the above course.

Electronic Signature (Date of Birth)

Date