

Note: Type in this form (Adobe Reader required to save form.) SAVE the COMPLETED form with your firstname_lastname on your computer. Send or attach the file according to your professor's instructions.

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: _____



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