



UNIVERSITY OF ST. AUGUSTINE
F O R H E A L T H S C I E N C E S

Enrollment Certification

Student ID: _____

Name: _____

Date Enrolled: _____ **Expected Graduation:** _____

Current Trimester of Enrollment: _____

Program: _____ **Location:** _____

Send Letter to: _____

Student Signature

Date



For Registrar Office Use

Registrar Signature

Date

For state licensing forms, please forward only the state form to drondinelli@usa.edu or fax to 904-8233-3445