



Office of Financial Aid

VISITING STUDENT
CERTIFICATE OF ENROLLMENT
AT HOST INSTITUTION

Student Name: _____

SS Number _____

The above student is registered at _____
(Visited Institution)

for _____ credit hours during the _____ semester.

*** PLEASE DO NOT SUBMIT UNTIL ENROLLMENT PERIOD BEGINS**

Registrar

Date

Please send this notification to:

SUNY Fredonia
Financial Aid Office
215 Maytum Hall
Fredonia, NY 14063