



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  
209 Maytum Hall  
Fredonia, NY 14063