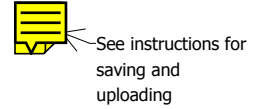


**Jackson State University  
Office of Academic Affairs**



**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*