



SAN DIEGO  
COMMUNITY COLLEGE  
DISTRICT

**NON-ACADEMIC NON-CLASSIFIED EMPLOYEE  
PART-TIME/FULL-TIME STUDENT ENROLLMENT VERIFICATION**

NAME \_\_\_\_\_  
Last First Middle Initial

EMPLOYEE ID# \_\_\_\_\_

CAMPUS/DIVISION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

**CURRENT SEMESTER/QUARTER ONLY.** Must be renewed each new semester (quarter).

Select one: FALL 20 \_\_\_\_\_ SPRING 20 \_\_\_\_\_ SUMMER 20 \_\_\_\_\_

Name of Institution \_\_\_\_\_

\_\_\_\_\_ # of Semester/Quarter Units

Select one:

- \_\_\_\_\_ I am an Undergraduate Student (At least 12 units or 15 hours per week with College of Continuing Education).
- \_\_\_\_\_ I am a part-time student with the San Diego Community College District (At least 6 units or 7.5 hours per week with College of Continuing Education).
- \_\_\_\_\_ I am a student to be employed in the San Diego Community College District Work-Study or Work Experience Program).
- \_\_\_\_\_ I am a Graduate Student. Graduate students carrying a full load will provide a letter from the Dean, graduate school confirming your schedule as equivalent to a full-time student.

\_\_\_\_\_  
Student Signature and Date

*I hereby certify that the above is true and correct to the best of my knowledge and belief. I understand that I will provide proof of registration by attaching my class schedule to this Student Enrollment Verification. I understand that I am responsible for notifying my manager/supervisor of any adds, drops, or changes to my class schedule. I understand that any untrue statements on the above, may be considered grounds for termination.*

\_\_\_\_\_  
Manager/Supervisor Signature and Date

*I hereby certify that the above is true and correct to the best of my knowledge and belief. I understand that a change in a student's enrollment, will impact my department budget\* and compliance with IRS regulation. \*Cost savings for employee is 5.2% (401a and Medicare deductions) and cost savings for the department is 5.205% (401a, Medicare, and Unemployment Insurance deductions).*