



**National Oceanic and Atmospheric Administration
Ernest F. Hollings
Undergraduate Scholarship Program**

Certification of Current Enrollment

Record of: _____ Student No: _____

Academic Institution: _____

City: _____ State: _____ Zip Code: _____

Academic Term Dates: _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

Full/Part Time: _____ Class Status: F So Jr S
(Select One)

Expected Graduation Date: _____ Graduation Year: _____
(mm/dd/yyyy)

Program: _____

College: _____

Degree Pursuing: _____

Major: _____

Enrolled Hours and GPA: _____

***** Enrollment Course Summary *****

SUBJ	COURSE	CREDITS	COURSE TITLE	START/END
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REGISTRATION IS CERTIFIED BY:

University Contact: _____ **Phone No:** _____
(Signature)

_____ **Date Issued:** _____
(Please print or type name and title)

RETURN TO:

NOAA Office of Education
Hollings Undergraduate Scholarship Program
1315 East-West Highway, Room 10734
Silver Spring, Maryland 20910
E-Mail: _____
StudentScholarshipPrograms@noaa.gov
Telephone: (301) 628-2913
FAX: (301) 713-9465

