## **Semester Enrollment Verification Report**

Please provide enrollment information for ALL Mississippi residents that are enrolled at your institution during the semester. For your convenience the reports may be submitted in any of the four acceptable formats, including Microsoft Excel, Foxplus (Dbase IV), ASCII Delimited Text (comma delimited with text strings in "), and Fixed-length ASCII text.

Date report required: The enrollment verification report is required no earlier than the 6th day of classes and no later than the 11th day of classes each semester. The fall, winter and spring semester/trimester reports must include all Mississippi residents both graduate and undergraduate. No report is required for the summer semester/trimester.

Field Name	Description	Format	Validation	Length
LNAME	Enter student's last name	Character - Left justified	None required	20
FNAME	Enter student's first name	Character - Left justified	None required	20
MINIT	Enter student's middle initial	Character	None required	1
ADDRESS	Enter student's permanent street address	Character - Left justified	None required	60
CITY	Enter student's permanent city	Character - Left justified	None required	25
STATE	Enter student's permanent state code	Character	None required	2
ZIPCODE	Enter student's zip code	Character	None required	10
DOB	Enter student's birth date	Date - format DD-MON-CCYY. Example: 05- MAR-1972	None required	11
SSN	Enter student's Social Security Number (SSN)	Character	None required	9
COLLCODE	Enter institution's six-digit FICE code	Character	None required	6
STUTYPE	Enter either 'UG' for undergraduates or 'GR' for graduates or 'DC' for DEDC program. Please report grades accordingly.	Character	None required	2
COOP	Please enter 'Y' in this field if the student was working as a COOP student during the reporting semester, 'A' for an alternate program, 'C' for clinical semester, 'G' for consortium agreement, 'P' for practicum semester, 'S' for SAP approved semester, 'T' for student teaching semester, or 'N' for none of the above.	Character - Left justified	Should contain 'A', 'C', 'G', 'P', 'S', 'T', 'Y' or 'N' only	3

Field Name	Description	Format	Validation	Length
	level (Range from 00-H4 - see Student grade level table).	character data.	Validate this data item with the corresponding college grade level contained in the student grade level table.	2
	semester/trimester. Do not include audit hours.	Number - right justified with leading zeroes replaced with blanks (spaces). Five digits to the left of the decimal point and two digits to the right of the decimal point. The decimal point is included in the total field length.	None required	8,2
EMAIL	School email address	Character	None required	100
	FT=fulltime; TT=3/4 time; HT=halftime; QT=1/4 time Required for all nursing students		Should contain only codes given	2
MAJOR		Character - Left justified. Remove any periods, dashes or other separators that may be used in your institutional system.	None required	6
Inst Student Id	Institution student ID number	Character	None Required	12

Code	Classification	
00	Entering Freshman	
01	Freshman	
02	Sophomore	
03	Junior	
04	Senior	
05	Fifth-year Senior	
06	Masters - Graduate	
07	Professional	
08	Doctoral - Graduate	
14	14 Vocational/Technical Certificate Student	
Н3	High School Junior	
H4	High School Senior	

## **Student Grade Level Table**