

The University *of* Montana Western

VERIFICATION OF ENROLLMENT FORM

Date: _____

Student's Name: _____
(Please Print)

SSN/Student ID: _____

Please send a letter verifying my enrollment at UM Western for the following terms:

Mark all that apply (current and past semesters only):

Fall:
Year:

Spring:
Year:

Summer:
Year:

Send to:

Name _____

Address _____

City, State, Zip _____

Please Note: If you wish to have your enrollment verification faxed there is a charge of \$1.00 per page.

Fax Number _____

Attention _____

I would also like to be noted that my anticipated graduation date is: _____

Signature: _____

Return form to:

Registrar's Office • UM Western • 710 S. Atlantic St. • Dillon MT 59725