

VERIFICATION OF ENROLLMENT

 Used for insurance/loans
 to verify enrollment at CMU

Please print clearly.

 Name: _____ Student ID #: _____
Last First MI

 Address: _____ Phone #: _____

Birthdate: _____

Anticipated Graduation Date: _____

 Semester(s) to be Verified: Spring Year _____ Fall Year _____ Summer Year _____

 Lender, please defer my loan. My Social Security number is: _____

 Parent's information for insurance: Name: _____
 ID #: _____
 Employer: _____

PLEASE CHECK DESIRED DELIVERY OPTION:

- Pick-up at the Registrar's Office by Self (must have a photo ID).
- Pick up at the Registrar's Office by: _____ (must have a photo ID).
- Fax my Verification of Enrollment to fax #: _____ Attn: _____
- Send my Verification of Enrollment to: _____

- Please allow 5-7 business days to process
- In-progress work or complete work constitutes verifiable semester
- Pre-registration verification for future semesters only
- Incomplete or in-progress course work is counted in the semester of enrollment only

_____ Student's Signature	_____ Date
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 ----- **PLEASE DO NOT WRITE BELOW THIS LINE** -----

Semester	Year	Dates of Enrollment	Status	Colorado Mesa University Seal
_____	_____	_____ TO _____	FT 3/4 HT LTHT	
_____	_____	_____ TO _____	FT 3/4 HT LTH	
_____	_____	_____ TO _____	FT 3/4 HT LTHT	
_____	_____	_____ TO _____	FT 3/4 HT LTH	

 Undergraduate: F/T = 12 hours or more, 3/4 = 9-11 hours, H/T = 6-8 hours, LTHT = under 6 hours
 Graduate: F/T = 9 hours, 3/4 = 9-11 hours, H/T = 6-8 hours

001358		
School Code	Registrar	Date