

Texas Woman's University
Office of the Registrar
Verification Request

For office use only: Doc: <u> VOE </u> Desc: <u> / </u>

FAX: 940-898-3097; Mail: PO Box 425559, Denton TX 76204

Today's Date: _____

Full Name: _____

Student ID#: _____

Anticipated Graduation Date: _____

Phone number: _____

TWU e-mail: _____@twu.edu

Alt e-mail: _____

Letter to be

Picked up (emailed to notify of availability)

Faxed: (____) _____

ATTN: _____

Mailed: _____

Please select the type of verification you are requesting:

Pre-Registration (Available once you have registered, but before the census date when registration becomes official. Indicate term below)

Enrollment Verification
(Cannot be verified until the semester census date, as reflected on the Academic Calendar)

Year _____

(circle term)

Fall 1 2 3

Spring 1 2 3

Summer 1 2 3

Academic Honors Verification

Concurrent Enrollment

Degree verification

Letter of Intent to Graduate

(UNDERGRADUATE Available ONLY after you have applied for graduation and you are in your final semester. *Graduate students contact the Graduate School*)

Letter of Completion

(UNDERGRADUATE Available ONLY after you have applied for graduation AND all degree requirements have been met. All grades must be posted. *Graduate students contact the Graduate School*)

Non-Attendance

(For students that applied and were accepted, but never attended any courses)

Other type of Verification:

Student Signature

Date

By my signature above, I accept responsibility for the accuracy of all information on this form.

*If submitting documentation from an outside source, please accompany with this completed request form.