

Doc Type: **VOE**

Description: _____

TEXAS WOMAN'S UNIVERSITY VERIFICATION REQUEST

FAX: 940-898-3097/MAIL: PO BOX 425559-DENTON TX 76204

1

Please Print Clearly

Today's Date: _____

FULL NAME: _____

Student ID # : _____

Anticipated Graduation: _____

Daytime Phone Number: _____

2

ENROLLMENT VERIFICATION FOR:

(indicate which term & year you need verified)

___ FALL Year: _____

___ SPRING Year: _____

___ MM Year: _____

___ SMR I Year: _____

___ SMR II Year: _____

___ SMR III Year: _____

Available ONLY after the term official Census Day

3

WOULD YOU LIKE THIS.....

___ **PICKED UP** *(ready in 48 hours*)*

___ **FAXED**

ATTN: _____

FAX #: _____

___ **MAILED:** _____

AVAILABLE FOR BACHELOR DEGREE ONLY
WHEN DEGREE HAS NOT BEEN POSTED:

___ LETTER OF INTENT

Available ONLY after you have applied for graduation & you are in your last semester.

___ LETTER OF COMPLETION

Available ONLY after you have applied for graduation and all your requirements have been met. (all grades must be posted)

Student signature

***VERIFICATION WILL BE READY IN 48 HRS IF ALL AVAILABILITY CONDITIONS ARE MET**

FOR OFFICE USE ONLY:

Date Completed _____ Mailed: _____ Faxed: _____

Comments: _____
