Request for Verification of Enrollment Status or Degree

PLEASE ALLOW 24 HOURS FOR PROCESSING:

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST</th>
<th>M.I.</th>
<th>STUDENT NUMBER</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Undergrad.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Non-Matric.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Post Bac.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Grad/Prof.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Grad Non-Matric</td>
</tr>
</tbody>
</table>

CURRENT MAILING ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

ACADEMIC MAJOR

□ PREMAJOR/ UNDECLARED

EMAIL ADDRESS (UW PREFERRED)

SIGNATURE

DATE

AFTER PROCESSING, PLEASE:

□ HOLD for pick up in MAT 253

If you have not picked up your verification after 30 days, it will be mailed to the address listed above.

□ FAX to

FAX Number: (_____) __________________ Attention: _________________________________

□ MAIL TO: ____________________________________________________________

INDICATE THE TYPE OF VERIFICATION NEEDED:

□ LETTER of Enrollment Choose from options below (numbers 1-9) indicate ONLY what you need included in your letter.

1. □ Anticipated graduation date:

Quarter Year

Note: Calculation of anticipated graduation date will be based on current class standing and estimated projected credits.

2. □ Include courses completed for: (one or two quarters only)

- Autumn
- Winter Year: __________
- Spring
- Summer

3. □ Degree granted (includes graduation date and major)

4. □ Enrollment status: (Answer A & B below)

A. □ Current quarter, registered -OR-

- For upcoming quarter, registered

B. □ Full time □ Part time □ Not attending

5. □ GPA

6. □ Military tuition assistance

7. □ Number of credits completed

8. □ Number of credits currently registered

9. Other information: (please be specific) _______________________________________

□ COMPLETE Attached Forms

Indicate what needs to be completed.

________________________________________

□ LETTER of Commencement

Travel VISA Letter - Indicates the date of graduation ceremony for student. Please use a separate form for each name.

A. Name of guest: (please print)

LAST NAME

FIRST NAME

B. Relationship to student:

________________________________________

C. Letter is addressed to: (please print)

Dear, __________________________________________

______________________________________________________________________________

After processing, please:

□ Hold for pick up in MAT 253

If you have not picked up your verification after 30 days, it will be mailed to the address listed above.

□ FAX to

FAX Number: (_____) __________________ Attention: _________________________________

□ MAIL TO: ____________________________________________________________

This request may be submitted by MAIL or IN PERSON (MAT 253) to:

Office of the Registrar

BOX 358400, 1900 COMMERCE ST

TACOMA, WA 98402

Processed by _____________________________

Date _____________________________