

Request for Verification of Enrollment Status or Degree

This request may be submitted IN PERSON or by MAIL
 BUILDING: Mattress Factory, MAT 253
 MAIL to: Office of the Registrar
 1900 Commerce Street, Campus Box 358400
 Tacoma, WA 98402

PLEASE ALLOW 24-48 HOURS FOR PROCESSING:

ACADEMIC MAJOR <input type="checkbox"/> PREMAJOR/ UNDECLARED		TODAY'S DATE
LAST NAME		STUDENT NUMBER
PHONE NUMBER	EMAIL ADDRESS (UW PREFERRED)	
SIGNATURE _____		DATE _____

INDICATE THE TYPE OF LETTER NEEDED

1. What QUARTER would you like to verify your enrollment?

- Verify, I am pre-registered for upcoming quarter.
- Verify, my current quarter registration.
- Verify, I am NOT registered/attending.

2. Choose which LETTER you need:

- LETTER of Enrollment Status** *(for military ID + anticipated graduation date)*
 Contains: • Registered status • Full time, part-time, or not attending
 • Start & end date of quarter • Number of registered credits

- LETTER of Acceptance to Major with CIP** *(for Scholarships)*
 Contains: • All of the information in the Enrollment Status letter.
 Plus, • Date accepted to major, name of major, school/program, and CIP code for major.

- LETTER of Tuition for Active Military Tuition Assistance, or Waivers**
(Mainly used for 50% benefits, full benefits, or fee based programs.)
Check, if:

- I am receiving 50% benefits. Courses are fee based.

Contains: • All of the information in the Enrollment Status letter.
 • Estimated tuition cost, class level, registered courses (includes: name of course(s), course prefix, and credits), and total credits.

- LETTER for Degree Received**
 Contains: • Degree received and graduation date.

<input type="checkbox"/> Mailed attached forms w/letter	OFFICE USE ONLY
Processed by _____	Date _____

3. Please ADD to my LETTER:

- CIP (MAJOR code) DOB SSN
- Quarter GPA Cumulative GPA of courses @ UWT
- Total number of credits completed @ UWT of total required.
- My registered courses for the quarter.
 Contains: • Name of course(s), course prefix, and credits.

- My anticipated graduation date: *(required for Military ID)*
 Contains: • Expected degree, and major, if in a major.

I am planning to graduate:

- AUTUMN WINTER YEAR _____
- SPRING SUMMER _____

Other _____

<input type="checkbox"/> COMPLETE ATTACHED FORMS Special Instructions: _____
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AFTER PROCESSING, PLEASE:	
<input type="checkbox"/> HOLD for pick-up in MAT 253	<input type="checkbox"/> MAIL TO: or <input type="checkbox"/> EMAIL TO:
<input type="checkbox"/> FAX to: _____ <i>(please print)</i>	_____
Attn: _____	Attn: _____
FAX Number: _____	_____