UNIVERSITY of WASHINGTON | TACOMA

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

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.
     • 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 courses, course prefix, and credits), and total credits.
   - Letter for Degree Received
     Contains: • Degree received and graduation 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)
     I am planning to graduate:
     - AUTUMN • WINTER • YEAR
     - SPRING • SUMMER

☐ COMPLETE ATTACHED FORMS

Special Instructions: ________________________

☐ HOLD for pick-up in MAT 253
☐ MAIL TO: or ☐ EMAIL TO:

☐ FAX to:

☐ Mailed attached forms w/letter 
  Processed by __________ Date ________

OFFICE USE ONLY