

1100 North Avenue • Grand Junction, CO 81501-3122 1.800.982.6372 • 970.248.1555 (o) • 970.248.1131 (f) registrar@coloradomesa.edu

VERIFICATION OF ENROLLMENT

Used for insurance/loans to verify enrollment at CMU

Please print	t clearly.							
Name:		First			Stu	dent ID #:		
		First	MI		,,,			
Address:								
				Birtho	late:_			
•		Date:	_	_			_	
Semester(s)	to be Verifi	ed: Spring Year	ļ	.			Ц	Summer Year
Lender, pl	ease defer	my Ioan. My Social Security	num	ber is	S:			
☐ Parent's ir	nformation	for insurance: Name:						
		ID #:						
		Employer:						
PLEASE (CHECK D	ESIRED DELIVERY	ОРТ	ION	l:			
☐ Pick-ı	up at the Re	egistrar's Office by Self (mus	t hav	еар	hoto	ID).		
☐ Pick up at the Registrar's Office by:						(must hav	e a ph	noto ID).
☐ Fax my Verification of Enrollment to fax #:								
☐ Send	my Verifica	tion of Enrollment to:						
Incom ***Electronic signature ***Electr	Stugnatures are n	verification for future semest progress course work is coundent's Signature of accepted. This form must be print	nted i	n the		Date	ment (Date Received:
Colorado Mesa			TE 0.		, , , , , ,	CLINE		
		PLEASE DO NOT WRI	IE BE					
Semester	Year	Dates of Enrollment	ЕТ		itus		ว Mes 	a University Seal
		TO	_ FT	3/4	ні	LTHT		
		TO	_ FT	3/4	HT	LTHT		
		TO	_ FT	3/4	HT	LTHT		
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0		rs or more, $3/4 = 9-11$ hours, $H/T = 3$ or more, $H/T = 3$ hours, LTHT = un			LTHT =	under 6		
_ 001358								
School Code	 e	Registrar				Date		