

VERIFICATION OF ENROLLMENT

To be Completed by Student

_____ Last Name First Name Middle Init. _____ Student ID Number

Send verification to the following:

This form will be used in a window envelope. Student is responsible for correct and legible information.

_____ Name

_____ Street

_____ City State Zip Code

For Office Use Only

Agency/Student requested by (please circle one): **In-person** **Mail** **Phone**

As of _____ our records indicate the following information:

_____ Last Name First Name Middle Init. _____ Student ID Number

___ Is currently enrolled at ___ Hobart College ___ William Smith College as a:

- | | |
|-------------------------------------------|-----------------------------------------------------|
| ___ Full-time student (3 or more courses) | ___ Matriculated in an undergraduate degree program |
| ___ Part-time student (1-2 courses) | ___ Non-matriculated (non-degree) program |
| | ___ Matriculated in MAT graduate degree program |

Beginning/ending dates of term(s) _____ to _____
Fall Semester: _____
Spring Semester: _____

.....
___ Was enrolled at ___ Hobart College ___ William Smith College as a:

- | | |
|-------------------------------------------|-----------------------------------------------------|
| ___ Full-time student (3 or more courses) | ___ Matriculated in an undergraduate degree program |
| ___ Part-time student (1-2 courses) | ___ Non-matriculated (non-degree) program |
| | ___ Matriculated in MAT graduate degree program |

Beginning/ending dates of term(s) _____ to _____

GRADUATION DATE

The student's anticipated graduation date: _____

DEGREE AWARDED

The student received a: ___ Bachelor or Arts Degree on _____

Major 1: _____ Minor 1: _____

Major 2: _____ Minor 2: _____

___ Bachelor or Science Degree on _____

Major 1: _____ Minor 1: _____

Major 2: _____ Minor 2: _____

___ Master of Arts in Teaching on _____

Only Valid With Registrar's Seal
(place seal here)