



VERIFICATION OF ENROLLMENT/DEGREE REQUEST

_____ ENROLLMENT _____ DEGREE

Date: _____

Name: _____

Other Previous Name: _____

SS#/CWID: _____ - _____ - _____

Semester(s) to verify: _____

Degree Received: _____

Major: _____

Anticipated Graduation Date: _____

Address\Fax to be sent to: - _____

Daytime Phone Number: - _____

Special Instructions: - _____

To be picked up by: _____

Texas A&M University-Commerce

Office of the Registrar

P.O. Box 3011

Commerce, TX 75429-3011

Fax Number: (903) 886-5888