

~ ENROLLMENT OR DEGREE VERIFICATION REQUEST ~

OFFICE OF THE REGISTRAR
MONTANA STATE UNIVERSITY
101 MONTANA HALL
BOZEMAN, MT 59717-2660
PHONE: (406) 994-6650 FAX: (406) 994-1972

FULL LEGAL NAME:

.....
LAST, FIRST MIDDLE (MAIDEN/FORMER NAMES)

STUDENT ID:

OR
SOCIAL SECURITY #

PHONE NUMBER:

● ENROLLMENT VERIFICATION:

TO HAVE YOUR ENROLLMENT VERIFIED, PLEASE CHECK ONE OPTION:

I AM/WAS ENROLLED AS A **FULL-TIME** STUDENT IN:

.....
SEMESTER (SPRING, SUMMER, FALL) **YEAR**

I AM/WAS ENROLLED AS A **PART-TIME** STUDENT IN:

.....
SEMESTER (SPRING, SUMMER, FALL) **YEAR**

OTHER ENROLLMENT VERIFICATION:

● DEGREE VERIFICATION:

TO HAVE YOUR DEGREE VERIFIED, PLEASE CHECK ONE OPTION:

I **WILL** HAVE COMPLETED MY DEGREE AT THE END OF:

.....
SEMESTER (SPRING, SUMMER, FALL) **YEAR**

I **DID** COMPLETE MY DEGREE AT THE END OF:

.....
SEMESTER (SPRING, SUMMER, FALL) **YEAR**

SELECT A DELIVERY METHOD:

HOLD FOR PICK-UP - PLEASE ALLOW THREE BUSINESS DAYS

FAX TO:

.....
NAME/COMPANY/ATTENTION

.....
FAX NUMBER

MAIL TO:

.....
NAME/COMPANY/ATTENTION

.....
MAILING ADDRESS

.....
CITY, STATE, ZIP (COUNTRY)

SIGNATURE:

DATE: