

Enrollment or Degree Verification Request Form

Please return completed form to:

Office of the Registrar
Montana State University-
Bozeman 111 Montana Hall
P.O. Box 172660
Bozeman, MT 59717-2660

Full Name (Last, First Middle):

Date of Birth:

Student ID #:

Phone Number:

Enrollment Verification:

To have your enrollment verified, please check one option:

I am/was enrolled as a **full-time** student in semester: _____ year: _____

I am/was enrolled as a **part-time** student in semester: _____ year: _____

Degree Verification:

To have your degree verified, please check one option:

I **will** have completed my degree at the end of semester: _____ year: _____

I **did** complete my degree at the end of semester: _____ year: _____

Other enrollment verification: _____

Select a delivery method (please allow three business days for us to process your verification):

Hold for pick-up

Email to:

Fax to: Name/company/attention:

Fax Number:

Mail to:

Signature:

Date:
