



TEXAS A&M
UNIVERSITY
CENTRAL TEXAS

Verification of Enrollment Letter Request Form

Student Name _____ Date _____

Email _____ UIN _____

Semester /Year to be verified check one:

Year: _____

SPRING	SUMMER 1	SUMMER 2	FALL
--------	----------	----------	------

Reason for Request:

ID Card: _____

Health Insurance: _____

Employer: _____

Ft Hood Transportation: _____

Other: _____

Please provide a letter that states the following:

I am a full time student.

I am a half-time student.

I am registered for less than half time.

I am pre-registered for _____ semester.

I will graduate on _____ with a degree in _____

Other: _____

Please mail letter to:

Name: _____

Address: _____

City, State, Zip: _____

Student Signature

Date

Please Return to: Office of the Registrar Killeen, TX 76549

Phone (254) 519-5452

Fax (254) 519 - 5486

Processed by/Date: _____