

The University of Montana Western

VERIFICATION OF ENROLLMENT FORM

OFFICE OF THE REGISTRAR

Please print legibly

Date: _____

Student's Name: _____

Student ID: _____

Please send a letter verifying my enrollment at UM Western for the following terms:

Mark all that apply (current and past semesters only):

Summer Term: _____

Fall Term: _____

Spring Term: _____

Send to:

Name _____

Address _____

City, State, Zip _____

Email Address: _____

Attention _____

I would also like to be noted that my anticipated graduation date is: _____

Signature: _____

Return form to:

Registrar's Office • UM Western • 710 S. Atlantic St. • Dillon, MT 59725

Updated January 2023