

A student can use this form to obtain enrollment verification for loan or insurance purposes. If you require Official or unofficial transcripts please visit <https://coloradomtn.edu/transcripts/> for instructions.

 Last Name First Name MI

 Date of Birth Student ID

 Address: Street/PO BOX City State ZIP Code

 Email Phone Number

 Anticipated Graduation Date

Semester(s) to be verified _____

This Verification is for: *Loan Deferment* *Insurance Purposes* *Other*

I would like this Enrollment Verification:

FAXED to _____

Emailed to _____

Mailed to (Name/Institution) _____

 Address: Street/PO BOX City State ZIP Code

 Student Signature Date

OFFICE USE ONLY - USDE School Code:004506

Semester	Year	Dates of Enrollment	Status
_____	_____	_____	FT ¾ HT LTHT
_____	_____	_____	FT ¾ HT LTHT
_____	_____	_____	FT ¾ HT LTHT
_____	_____	_____	FT ¾ HT LTHT
_____	_____	_____	FT ¾ HT LTHT

Full Time (FT)=12+credits, ¾ Time=9-11.9 credits, Half Time (HT)=6-8.9 credits, Less than Half Time (LTHT)=<6 credits

 Processor Date Colleague Etrieve