Enrollment History Verification Form

Office of Financial Aid and Veteran Services
7101 University Ave, Texarkana, TX, Telephone: 903.334.6601 Fax: 903.223.3140
FinAid@tamut.edu

Office Use Only
ENHIST

STUDENT'S NAME: _____ CWID: _____

Please list any schools that you have attended in the past regardless of whether financial aid was issued at the school(s). Include the location of the school and year(s) you attended. If you need additional spaces, please complete a second form.

Name of School	City, State	Academic Year(s) of Attendance

Certification and Signature

I certify that all of the information reported on this form is complete and correct to the best of my knowledge. I agree to provide, if asked by the Office of Financial Aid and Veteran Services, documentation of attendance. After completing please print, sign and you can fax it to our office at (903)223-3140 or you can send it as an attachment to finaid@tamut.edu.

_____ _____

Student's Signature **Date**

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NOTES/COMMENTS	**Were credits earned at this school?**
	[ ] Yes [ ]No [ ] Cannot Determine
UEH pattern flag on RNASL= (1 or 2)	[ ] Yes [ ] No [ ] Cannot Determine
Attended with us and rec'd Pell or Loan during last 4 years (Y or N)?	[ ] Yes [ ] No [ ] Cannot Determine
	[ ] Yes [ ] No [ ] Cannot Determine