

Enrollment History Verification Form

Office of Financial Aid and Scholarships
P.O. Box 3011 Commerce, Texas 75429 Phone: 903.886.5096 Fax:
903.886.5098
FAO.Verification@tamuc.edu

Office Use Only **ENHIST**

TUDENT'S NAME:		CWID:		
ease list any schools that you have attended in th	e past regardless of w	whether financial ai	d was issued at the school(s). Include the location of the	
chool and year(s) you attended. If you need additional spaces, p		_		
Name of School		ty, State	Academic Year(s) of Attendance	
Certification and Signature				
Each person signing this worksheet certifies that	all of the information	n reported on it is c	omplete and correct. WARNING: If you purposely	
give false or misleading information, you may be After completing please print, sign and you can f	fined, sent to prison,	or both.	and the second s	
FAO Verification@tamuc.edu When received a	ax it to our office at t	(903)000-3090 OF y dated vou can track	k it through your myLEO. Note: We may require	
additional documentation.	na your record is up	dated you can true!	th unough your myzzo. Note. We may require	
Student's Signature		Date		
	For Financial	Aid Office Use		
Financial Aid Office			Admissions Office	
Admission Office Use Only: To	be completed w	hen academic t	transcript(s) are received and evaluated	
Schools Attended	•		Were credits earned at this school?	
		[]	Yes []No [] Cannot Determine	
		[]	Yes [] No [] Cannot Determine	
		[]	Yes [] No [] Cannot Determine	
		L J		
[6 1 4 1 -4 4ll 1 1	-1	[Yes [] No [] Cannot Determine	
If credits were not earned at the school(s),	piease indicate re	eason.		