



TARLETON
STATE UNIVERSITY
Member of The Texas A&M University System

Request for Enrollment Verification Letter

Date: _____

Name: _____

University ID: _____

Term: **Year:** _____ **Spring** **Summer** **Fall**

Please provide a letter which states the following:

I am a full time student.

I am a half time student.

I was a full time student during _____ semester.

I was a half time student during _____ semester.

I am registered for _____ semester.

I will graduate on _____ with a _____ degree.

Other: _____

Please send to:

Name: _____

Choose one:

Email address: _____

Fax Number: _____

Mailing address: _____

Return to the Office of the Registrar
Box T-0620 / Stephenville, TX 76402 / 254.968.9121 / 254.968.9389 Fax
registrar@tarleton.edu

Rev 10/14