

Enrollment History Verification Form

Office Use Only ENHIST

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

TUDENT'S NAME:			CWID:			
lease list any schools that you have attended in the past a school and year(s) you attended. If you need additional sp				ed at the school(s). Include the location of the		
Name of School	City, State		Academic Year(s) of Attendance			
_						
	1					
Certification and Signature Each person signing this worksheet certifies that all of t give false or misleading information, you may be fined After completing please print, sign and you can fax it to	l, sent to prison,	, or both.				
FAO.Verification@tamuc.edu. When received and you additional documentation.	r record is upda	ated you can track	it through	your myLEO. Note: We may require		
Student's Signature		Date				
	r Financial	Aid Office Us	e Only			
Financial Aid Office		Admissions Office				
Admission Office Use Only: To be co	mpleted wh	nen academic				
Schools Attended		lr.	Were cr	redits earned at this school? No Cannot Determine		
] Yes [No [] Cannot Determine		
] Yes [No [] Cannot Determine		
] Yes [No [] Cannot Determine		
If credits were not earned at the school(s), pleas	se indicate re	ason.	-			