# 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 |
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## 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**

| For Financial Aid Office Use Only | |
|---|---|
| **NOTES/COMMENTS** | **Were credits earned at this school?** |
| | [ ] Yes [ ]No [ ] Cannot Determine |
| | [ ] Yes [ ] No [ ] Cannot Determine |
| | [ ] Yes [ ] No [ ] Cannot Determine |
| | [ ] Yes [ ] No [ ] Cannot Determine |
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