

BRYN MAWR COLLEGE

101 NORTH MERION AVE.
BRYN MAWR, PA 19010

VERIFICATION OF ENROLLMENT REQUEST

PLEASE PRINT CLEARLY

THERE IS NO FEE FOR AN ENROLLMENT VERIFICATION

STUDENT ID NUMBER: _____ BIRTHDATE: _____

LAST NAME: _____ FIRST NAME: _____

MAIDEN/PREVIOUS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME TELEPHONE NUMBER: _____

PLEASE INDICATE TERM OR TIME PERIOD TO BE VERIFIED.

FALL _____
(year)

SPRING _____
(year)

UNDERGRADUATE _____ GRADUATE _____ OTHER _____

FULL-TIME _____ PART-TIME _____

Please mail verification to: (Print plainly, for window envelope)

