

900 COLLEGE STREET | BOX 8425 | BELTON, TEXAS 76513 | (254) 295-4510 | REGISTRAR@UMHB.EDU

Enrollment Verification/Statement of Standing	
Student's Name:	ID:
Address:	Phone:
Student's Signature:	
<u>*Registrar's Office Use Only*</u>	
This is to certify that the student above is/was:	
1. Enrolled during the academic periods:	
□ Fall Semester □ Spring Semester from to □ Full time: semester hours □ Half time: Semester hours	Summer Semester
□ Fall Semester □ Spring Semester from to □ Full time: semester hours □ Half time: semester hours	Summer Semester
2. Currently in good standing. 🖂 Yes 🖂 No	
3. Current Degree: Major:	Minor:
4. Estimated Graduation Date: Fall:(year) S	Spring: (year) Summer: (year)
Authorized Official:	Date:
Title of Authorized Official:	

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