CV VERIFICATION

CAMPUS NAME ________________________________

CAMPUS ID 170-902-03__________________________

STUDENT NAME ______________________________

STUDENT ID# (Local) __________________________

DATE(S) OF CV _______________________________

Have college/university representative complete the information below while you are on their campus.

____________________________________________________________________________

This is to verify that the student named above visited ________________________________________
(Name of college or university)

on ______________ for the purpose of determining his/her interest in attending this institution.

_________________________________________  ______________________
(College/University Personnel Signature)       (Title)

stamp or seal showing name of college/university: