

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**
(Date/s)
interest in attending this institution.

(College/University Personnel Signature)

(Title)

**stamp or seal showing name
of college/university:**