



Maine Maritime Academy  
Verification of Enrollment Form

Verification Semester

Fall  Spring  Summer

Year: 20\_\_\_\_\_

**STUDENT INFORMATION**

Name \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

Major \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

**VERIFICATION METHOD**

Pick Up

Send to MMA Box # \_\_\_\_\_

Fax to:

Name \_\_\_\_\_ Attn \_\_\_\_\_

Fax number \_\_\_\_\_

Mail to:

Name \_\_\_\_\_ Attn \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**STUDENT SIGNATURE**



Student signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

REGISTRAR'S OFFICE ONLY

Verification Complete

Initial \_\_\_\_\_ Date \_\_\_\_\_