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_____