



Underwood-Smith Teaching Scholars Program Enrollment Verification Form

Student Information:

Last Name First Name MI

Current Address

City State Zip Phone

Email Address Last 4 of SSN

This form is to certify I am pursuing a full-time course of study related to the pursuit of teaching credential during the ___ Fall ___ Spring ___ Summer of _____ year.

Signature Date

Certification by Institution: this section is to be filled out by the institution each semester.

Enrollment Date: Begin ____/____/____ to ____/____/____
Month Year Month Year

Program/Major Expected Graduation Date

Institution Name and Address: _____

Official Seal

I certify that the person named above is/was enrolled as a full-time student for the period stated above.

Certifying Official Date

Return to: securely and quickly send us your information, submit your documents through the WVSAM Account by clicking the Contact Us button. If you do not have a WVSAM Account, create one at CollegeforWV.com/WVSAM.

OFFICE USE ONLY

Reviewed: _____

Cancel: _____ to _____

Defer: _____ to _____

Balance: _____

Notes: _____