

# SACM Verification Letter Request Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

M Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student Type:      Undergraduate      Graduate

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## Delivery Method (choose one):

Pick Up

Mailed :

Email: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax (domestic only): \_\_\_\_\_  
\_\_\_\_\_

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## Check ONLY items needed on your verification letter:

Cumulative Hours Completed

Web Courses/Credits

Hours In Progress (This Semester)

Transfer Hours Accepted

Credit Hours Remaining to Graduate

Anticipated Graduation  
Date: \_\_\_\_\_

Internship Course Required for Degree (Include course prefix/number): \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete form, scan, and email back to [wlongworth1@murraystate.edu](mailto:wlongworth1@murraystate.edu) or deliver to Office of the Registrar, 113 Sparks Hall, Murray, KY 42071.