

**WEST VIRGINIA WESLEYAN COLLEGE**

**Office of the Registrar**

**59 College Avenue**

**Buckhannon, WV 26201**

**Fax: (304) 473-8531**

Check One

Insurance

Other

**Request for Statement of Standing**

*To Be Completed by Student*

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Signature \_\_\_\_\_

*Required For Insurance Purposes Only*

Insured Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Insured Parent's Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

*Mail/fax statement to:*

Name \_\_\_\_\_

Address \_\_\_\_\_

Fax # \_\_\_\_\_

**Registrar's Office Use Only**

Social Security # of Student \_\_\_\_\_

This is to certify that the above named student is

Currently enrolled as a:

Full time       Half time       Less than half time       # of hours

Semester:

Spring 2009       Pre-registered Fall 2009

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_ Degree \_\_\_\_\_ (BA/BS/MBA)

What date did student first enroll at Wesleyan \_\_\_\_\_

Respectfully submitted,

School Seal

\_\_\_\_\_  
Registrar

Date \_\_\_\_\_