



OFFICE OF THE REGISTRAR

59 College Avenue  
Buckhannon, WV 26201  
Office: 304-473-8046  
Fax: 304-473-8531  
registrar@wwvc.edu

**ENROLLMENT VERIFICATION REQUEST**

**TO BE COMPLETED BY STUDENT**

NAME \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

SIGNATURE (required) \_\_\_\_\_

**REQUIRED FOR INSURANCE PURPOSES ONLY**

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

Address \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

Please indicate method of delivery: \_\_\_\_\_ US Mail \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_ Pickup

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

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

**Registrar Office Use Only**

This is to certify that the above name student is currently enrolled as a:

\_\_\_\_\_ Full time \_\_\_\_\_ Half time \_\_\_\_\_ Less than half time - # hours \_\_\_\_\_

Semester of verification \_\_\_\_\_

Beginning Date of attendance \_\_\_\_\_ Ending Date of attendance \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_ Degree \_\_\_\_\_

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

Respectfully submitted,

School Seal

\_\_\_\_\_  
Registrar