



OFFICE OF THE REGISTRAR

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ENROLLMENT VERIFICATION LETTER REQUEST

(Please allow 2-4 working days for processing)

Student ID: _____

Name _____ Date of Request _____

Email: _____ Phone: _____

Please specify the information to be included in letter:

- | | |
|--|---|
| <input type="checkbox"/> Status (full or part time) | <input type="checkbox"/> Anticipated graduation date |
| <input type="checkbox"/> Level (undergraduate or graduate) | <input type="checkbox"/> GPA |
| <input type="checkbox"/> Program of study | <input type="checkbox"/> Academic Standing |
| <input type="checkbox"/> Terms of attendance | <input type="checkbox"/> Current hours enrolled |
| <input type="checkbox"/> Credit hours earned | <input type="checkbox"/> Other, please specify: _____ |

SIGNATURE (required) _____

Please indicate method of delivery: US Mail Email Fax Pickup

Delivery information:

Name _____

Address _____

Email _____

Fax # _____