



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