



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 # \_\_\_\_\_