



c/o OFFICE OF THE REGISTRAR

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**FOR USE BY FORMER ALDERSON – BROADDUS UNIVERSITY STUDENTS
ENROLLMENT/GRADUATION VERIFICATION REQUEST (1985 – 2023 STUDENTS ONLY)**

(Please allow 2-4 working days for processing)

Student ID: _____ Social Security # _____

Name _____ Date of Request _____

Email: _____ Phone: _____

Dates Enrolled at ABU _____

Degree Received (if appl) _____

Please specify the information to be included in letter: (check all items required)

<input type="checkbox"/> Status (full or part time)	<input type="checkbox"/> 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 for letter:

Name _____

Address _____

Email _____

Fax # _____

____ Staff initials

_____ Date processed