

REQUEST FOR CERTIFICATION OF ENROLLMENT

From the web, print this form, complete, sign and mail or fax to the Registrar's Office:

Registrar's Office
University of West Georgia
Carrollton GA 30118
Fax # (678) 839-6439

Print all student information below clearly and completely. Requests will not be processed if any information requested is left blank.

Student Name _____

Student ID or Social Security Number _____ Phone _____

Student Mailing Address _____

Admit Term _____

Anticipated/Date of Graduation _____

Name and address of Recipient to receive the certification letter *(If you have a form to attach, please request the certification be sent to you. We are not responsible for attaching additional forms to the certification letter.):*

Student Signature _____ Date _____

Normal processing time is three business days after the receipt of this request.