



REQUEST FOR CERTIFICATION OF ENROLLMENT

Registrar Financial Aid Letter of Non- Attendance

Print clearly and complete all information below, or your request cannot be processed.

STUDENT INFORMATION

Student Name: Student ID Number: Phone Number: Anticipated Date of Graduation: # of Requests Needed: Include advanced registration for next term(s), if available: YES NO

NOTE: Advanced registration is not considered enrollment until after the start of the advanced registration term(s)

RECIPIENT INFORMATION

Will Pick-up (no address needed) Mail to the address below Fax to the number below E-mail to the address below Company: Attn: Street/ PO Box: City/State/ Zip: Fax #: Phone #: Email Address: Policy #: Policy Holder:

\*(Policy sections only need to be provided if requesting for insurance purposes)

\*Additional forms must be attached by the requesting party. UWG is not responsible for other forms.

\*\*Third party forms that include Non-Directory information (i.e. Social Security Numbers) can not be emailed.

Student Signature: Date:

Please allow 3-5 business days for processing.

Please complete, sign, and return form to: Momentum Center, University of West Georgia, 1601 Maple Street, Carrollton, GA 30118 OR Fax to: (678) 839-6439 Email to: enroll@westga.edu