



REQUEST FOR CERTIFICATION OF ENROLLMENT

Please complete, sign and return form to:

Enrollment Services Center
University of West Georgia
1601 Maple Street
Carrollton, GA 30118
Fax to (678) 839-6439

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

STUDENT INFORMATION

Student Name: _____

Student ID Number: _____ Phone Number: _____

Street/PO Box: _____

City/State/Zip: _____

Term Admitted to UWG: _____ Anticipated Date of Graduation: _____

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

Company: _____

Attn: _____

Street/PO Box: _____

City/State/Zip: _____

Fax #: _____ Phone #: _____

Policy #: _____ Policy Holder: _____

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

Student Signature _____ Date _____

Allow 3-5 business days for processing.

Request will only be sent according to the information on this form.