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

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.

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