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.):

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Student Signature ____________________________ Date __________________

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

(Reg Form #15, updated 7/1/2008)