



WEST LIBERTY UNIVERSITY

208 University Drive CSC 145 WEST LIBERTY, WV 26074

OFFICE OF THE REGISTRAR

VERIFICATION OF ENROLLMENT FORM

STUDENT NAME: _____

STUDENT'S CELL PHONE: _____

STUDENT ID NO: _____

STUDENT SS#: _____

EXPECTED GRADUATION DATE: _____

SEMESTER(S) TO BE VERIFIED: _____

Parent reference: _____

_____ **Verification letter will be picked up by the student on:** _____

_____ **Verification letter should be mailed to:** _____

_____ **Verification letter should be faxed to:** _____

Student Signature: _____ **Date:** _____