

Graduate Student Enrollment Verification Request

Western Illinois University
School of Graduate Studies

Please be aware that because students have until the 10th day of the semester to withdraw without penalty, enrollment verification cannot be completed until after the 10th day of the semester.

Today's date: _____

WIU ID No.: _____
(For security purposes do not enter Social Security number)

Name: _____

Phone: _____

Current address: _____

Enrollment verification to be sent to:

If this is for a loan deferment, last four digits of SSN, OR loan account # is required by lender for account reference.

SSN: XXX-XX-_____ Account#: _____

If this is for insurance purposes, please indicate name of insured (parent) and policy #, if applicable.

Insured: _____ Policy #: _____

I am pursuing a _____ degree in _____

I need verification of enrollment for the following semester(s). I was enrolled for the hours indicated.

Semester/Year	Hours
_____	_____
_____	_____
_____	_____

Comments: _____

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