WASHINGTON COLLEGE
EST. 1782

Office of the Registrar
300 Washington Avenue • Chestertown, MD 21620
PHONE 410-778-7299 • FAX 410-810-7159
EMAIL registrar@washcoll.edu
WEB registrar.washcoll.edu

ENROLLMENT VERIFICATION REQUEST

Students may use this form to request an official enrollment verification to be issued on your behalf. The letter will automatically specify your degree program and major, whether you are part-time or full-time, credit hours enrolled for the semester indicated and student standing (good standing, warning or probation). Other information you wish to include in the letter may be specified below, provided that the information is factually accurate and verifiable in the educational records maintained by the College.

Instructions:

1. Complete and submit this form. You only need to complete one form per term for each verification recipient.
2. Verification requests may take up to five business days to process (longer during holidays and registration periods).
3. Requests will be processed only AFTER the first day of the semester. NO EXCEPTIONS.
4. A copy of the letter will be placed in your student file in the Registrar's Office.

Last Name	First Name	MI	Washington College ID#
			/ /
Degree Program / Major	Start Term	Current Class Year	Date of Birth (mm/dd/yy)
Email Address	Telephone Number	Campus Box #	

Please send my completed enrollment verification letter to (check all that apply):

- ❑ The campus box listed above
- ❑ My legal/permanent home address
- ❑ I will pick up in the Registrar's Office
- ❑ The address to the right:

Address _____

_____

City _____

State _____ **Zip** _____

Verify Enrollment for: _____ _____

Term (e.g. *Fall, Spring*) **Academic Year** (e.g. *2012-13*)

Check any additional items that must be included in the verification letter:

❑ **Anticipated completion date, which is:** _____

❑ **Other:** _____

Student Signature	Date

FOR OFFICE USE ONLY

Date received: _____ Hold for processing on: _____ Completed: _____