

Oklahoma Wesleyan University

Enrollment Verification Request Form

Office of the Registrar
2201 Silverlake Road Bartlesville OK 74006
Fax (918) 335-6283 Voice (918) 335-6269

This form is used to request an enrollment verification letter for currently enrolled students. Please fill out all blanks below. Please allow 3-5 business days for processing with the exception of the first week of enrollment when such requests are held until registration has processed completely.

Full Name: _____

SSN or Student ID: _____

Semester(s)/Term(s) for verification: _____

Telephone: (____) _____ Email: _____

NAME AND ADDRESS WHERE LETTER IS TO BE SENT: To expedite delivery, include the name of the office or "to the attention of" the person receiving the letter:

Student signature:

_____ Date: _____

Office use only:

Date received: _____ Date processed: _____

() Faxed date: _____

() Mailed date: _____

() Picked up by _____ date: _____