

WEST VIRGINIA WESLEYAN COLLEGE

Office of the Registrar

59 College Avenue

Buckhannon, WV 26201

Fax: (304) 473-8531

Check One

Insurance

Other

Request for Statement of Standing

To Be Completed by Student

Name _____

Social Security # _____

Signature _____

Required For Insurance Purposes Only

Insured Parent's Name _____

Address _____

Insured Parent's Social Security Number _____

Employer _____

Mail/fax statement to:

Name _____

Address _____

Fax # _____

Registrar's Office Use Only

Social Security # of Student _____

This is to certify that the above named student is

Currently enrolled as a:

Full time Half time Less than half time # of hours

Semester:

Spring 2009 Pre-registered Fall 2009

Beginning Date _____ Ending Date _____

Anticipated Graduation Date _____ Degree _____ (BA/BS/MBA)

What date did student first enroll at Wesleyan _____

Respectfully submitted,

School Seal

Registrar

Date _____