



Office of Academic Records and Registration  
REQUEST FOR VERIFICATION OF ENROLLMENT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID #

***We can only verify your enrollment for your previous and current semesters.  
Please allow 3-5 days for processing.***

I request that Wheelock College verify the following: *Check (✓) your choices below*

\_\_\_\_\_ Current Enrollment Status (Choose One): Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

\_\_\_\_\_ Past Enrollment Dates: \_\_\_\_\_

\_\_\_\_\_ Degree and Graduation Date

\_\_\_\_\_ Anticipated Graduation Date (List your anticipated graduation date): \_\_\_\_\_

This letter should be: *Check (✓) your choice*

\_\_\_\_\_ Picked up in the Office

\_\_\_\_\_ Mailed to:

\_\_\_\_\_  
Name of Agency or Addressee

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt. /Box #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_ Faxed to \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Return to: Office of Academic Records and Registration  
Wheelock College  
200 The Riverway  
Boston, MA 02215  
Fax Number: 617-879-2276

-----  
Office Use Only:

Date processed \_\_\_\_\_

Mailed

Faxed

Initials \_\_\_\_\_