

VERIFICATION LETTER REQUEST

Allow 5-7 business days for processing

Name: _____ Phone Number: _____

WOU ID: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Current Major(s): _____

Current Minor(s): _____

Expected Graduation Date: _____

REQUESTED INFORMATION

(please check all that apply)

Intended Major (if different from above): _____

Intended Minor (if different from above): _____

Earned credit hours

Credit hours remaining to graduate

Transfer credit hours

Current Academic standing

Current term enrollment level

Graduation date or anticipated graduation date

Enrollment for past terms (list all): _____

Other: _____

REASON FOR REQUESTING VERIFICATION LETTER

Scholarship Purposes

SACM (MUST provide email request from SACM)

Graduate school admission

Job requirement

Other reasons: _____

PREFERRED FORM OF NOTIFICATION

Phone call: _____ email: _____@wou.edu

Fax: _____ Mail directly to: _____

Student signature _____ Date: _____

Return completed form to:

Fax: 503-838-9696 Email: registrar@wou.edu

In-person: Lieuallen Administration Bldg Room 104

Mail: Western Oregon University, Attn: Office of the Registrar, 345 N Monmouth Ave, Monmouth, OR 97361