

WAGNER COLLEGE
OFFICE OF THE REGISTRAR

REQUEST FOR ENROLLMENT VERIFICATION

PLEASE COMPLETE AND SUBMIT TO THE OFFICE OF THE REGISTRAR.
PLEASE ALLOW **5** BUSINESS DAYS FOR PROCESSING OF EACH REQUEST.

DATE: _____ TELEPHONE # _____

NAME: _____ ID# _____

Please Print

SOCIAL SECURITY NUMBER: _____

SEMESTER+YR: _____ anticipated graduation year: _____

FULL-TIME: _____ PART-TIME: _____

___ I WILL PICK LETTER/FORM UP ___ PLEASE MAIL or ___ FAX TO:

Signature: _____