



ENROLLMENT VERIFICATION

VWCC Records Office • 3094 Colonial Ave • Roanoke, VA 24015-4704
Fax: 540-857-6102

To:

Regarding:

School/Organization		Student Name	
Department		Empl ID/SSN	<i>Empl ID:</i> _____ <i>*Last 4 of SSN:</i> <u> xx-xx </u>
Address		Address	
City		City/State/Zip	
State / Zip		Phone Number	
Date		Signature	

* See Privacy Statement which can be obtained in the Admissions/Records Office.

The student referenced above has requested verification of his/her enrollment at Virginia Western Community College for the:

- Fall _____ Semester
 Spring _____ Semester
 Summer _____ Semester

This student is/was:

- enrolled at least half-time (6 credit hours)
- enrolled at least three-quarter time (9 credit hours)
- enrolled full-time (12 credit hours)
- was originally enrolled full-time, but withdrew from class(es) on _____, and did not complete the semester as a full-time student.
- is currently *registered* for classes. However, please note that his/her enrollment *will not be considered official* until after the last day to drop a class for the semester, which is _____.

Additional information (*if required*):

- Grade point average: _____
- Anticipated graduation date: _____
- Other: _____

If you are in need of additional information, please feel free to contact our office.

Sincerely,

School Official

Title

Date