

## 1301 South 48<sup>th</sup> Street, Quincy IL 62305 Submit request to: registrar@jwcc.edu; FAX: 217.641.4192 or mail to the address above

## **Request for Verification of Enrollment/Degree**

nequest for verme			ient, Degree	
Send to:			P	lease print clearly!
			I i foot	
Name:	Last 4 digits of SSN			
Please provide verification of: (check one)	Enrollmen	t Status _	Cumulative GPA	Term GPA
Last day of attendance (MMDDYY)// transcript)	/	_ or	Enrollment History	(attach
Degree or Certificate (circle one)				
Student Signature:			Date:	
For Office Use Only:				
This is to verify that the above named stude for theterm.	ent is/was en	rolled as a	a full-time/part-time (ci	rcle one) student
Term dates are:/to	o/	<i></i>	(MMDDYY)	
This is to verify that the cumulative GPA for	r the above n	amed stud	dent is	
This is to verify that theter	m GPA for th	e above n	amed student is	·
This is to verify that the above named stude	ent has recei	ved the fo	llowing certificate/degr	ee.
Certificate: Da	te Awarded:			
Certificate:Da	ate Awarded:		Official S	School Seal
Degree:D	ate Awarded	:		
Degree:D	ate Awarded	:		
Information verified by:			Date:	
Melanie Lechtenberg, Dean of Records, Registrar				vised 11/10/2022