



1301 South 48th 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

Send to:

Please print clearly!

Name: _____ Last 4 digits of SSN _____

Please provide verification of: (check one) _____ Enrollment Status _____ Cumulative GPA _____ Term GPA

Last day of attendance (MMDDYY) ____/____/____ or _____ Enrollment History (attach transcript)

Degree or Certificate (circle one)

Student Signature: _____ Date: _____

For Office Use Only:

_____ This is to verify that the above named student is/was enrolled as a full-time/part-time (circle one) student for the _____ term.

Term dates are: ____/____/____ to ____/____/____ (MMDDYY)

_____ This is to verify that the cumulative GPA for the above named student is _____.

_____ This is to verify that the _____ term GPA for the above named student is _____.

_____ This is to verify that the above named student has received the following certificate/degree.

Certificate: _____ Date Awarded: _____

Certificate: _____ Date Awarded: _____ Official School Seal

Degree: _____ Date Awarded: _____

Degree: _____ Date Awarded: _____

Information verified by: _____ Date: _____