



CGCS Verification Request Form

Name: _____ Student A#: _____

Date of Birth: _____ Graduating Class Year: 20____

Type: Enrollment Degree Plan Degree Completion Grade Report

of Copies: _____ Program: _____ Concentration: _____

What semester(s) do you need Certification? _____

**Please indicate where you would like your enrollment verification to be mailed,
faxed or emailed as an attachment:**

Name: _____

Address: _____

City/State/Zip: _____

Fax# : _____

Email Address: _____

Student Signature

Date

**Please return completed form to Rob Danaher via mail, fax
or email attachment.**

**Norwich University
College of Graduate
and Continuing Studies**

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