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 Judy Sassi via mail, fax or email attachment.

Norwich University  802-485-2533  Registrargrad@norwich.edu

College of Graduate and Continuing Studies

PO Box 367
Northfield, VT 05663

Revised 2/14