Norwich University
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

Staff Use Only

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