

# Graduate Student Enrollment Verification Request

**Western Illinois University**  
School of Graduate Studies

Please be aware that because students have until the 10<sup>th</sup> day of the semester to withdraw without penalty, enrollment verification cannot be completed until after the 10<sup>th</sup> day of the semester.

Today's date: \_\_\_\_\_

WIU ID No.: \_\_\_\_\_  
(For security purposes do not enter Social Security number)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Current address: \_\_\_\_\_

Enrollment verification to be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If this is for a loan deferment, last four digits of SSN, OR loan account # is required by lender for account reference.**

SSN: XXX-XX-\_\_\_\_\_ Account#: \_\_\_\_\_

If this is for insurance purposes, please indicate name of insured (parent) and policy #, if applicable.

Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

I am pursuing a \_\_\_\_\_ degree in \_\_\_\_\_

I need verification of enrollment for the following semester(s). I was enrolled for the hours indicated.

Semester/Year

Hours

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email [Grad-Office@wiu.edu](mailto:Grad-Office@wiu.edu) if questions. Return this form to the School of Graduate Studies.



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