

920 _____
Student ID Number Last Name First MI

(____) _____ @catamount.wcu.edu
Cell Phone Home Phone Catamount Email Address

***** **PLEASE ALLOW UP TO 48 HOURS FOR PROCESSING** *****

How should we submit this? PICK UP MAILED FAXED EMAILED

Verification Sent To: _____
NAME

MAILING ADDRESS

CITY STATE ZIP CODE

EMAIL ADDRESS

(____) _____
FAX NUMBER

Please All Boxes for Information Requesting:

Acceptance to WCU

Acceptance to Program of Study

Transfer Credits

Total Credits Earned

Credits Remaining in Program

Good Academic Standing and GPA

Other: _____

Please Check Purpose for Request:

Military ID

Military Insurance

Other Insurance

Scholarship

Transient Permission

Other: _____

Loan Deferment

Graduation / Pending Graduation

Internships

Jury Duty Excuse

SACM

Student Signature: _____ Date: _____