

Directions: Complete this form and email a PDF copy to registrar@wou.edu. You do have the option to submit your petition as a PDF file from your WOU email address. This will serve as verification in place of a physical signature. Reach out to the Office of the Registrar if you have questions or require assistance at (503) 838-8327.

Allow 5 business days for processing

Student ID _____ Date of Birth _____

Last Name _____ First Name _____

REQUESTED INFORMATION

Please select all that apply to be included in the correspondence.

- Earned credit hours Transfer credit hours Current term enrollment level Current Academic Standing
 Credit hours remaining to graduate Graduation date or anticipated graduation date

Enrollment for past terms (list all) _____

Other _____

REASON FOR REQUESTING VERIFICATION LETTER

- Scholarship Purposes Graduate school admission Job requirement

Other reasons _____

*Note: If you are a SACM student needing verification of enrollment, online-hybrid coursework, anticipated date of graduation, credits earned, what if I change my major/minor, or other requests, you will need to fill out the verification enrollment request link in your student portal.

PREFERRED FORM OF NOTIFICATION

(Please choose one. We will notify you when the request is completed.)

Phone call: _____ Fax: _____ Email: _____@wou.edu

Mail directly to: _____

Student Signature _____ Date _____

Office use only:

Notified Student

Received by & date _____

Processed by & date _____