

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: \_\_\_\_\_