

# REQUEST FOR FULL-TIME STUDENT LETTER (VERIFICATION OF ENROLLMENT)



Office of the Registrar  
800 University Drive  
AD Bldg 207  
Maryville, MO 64468

Office: 660-562-1151  
Fax: 660-562-1993  
[registrar@nwmissouri.edu](mailto:registrar@nwmissouri.edu)

## Form Instructions:

- Student completes the fields listed below and saves completed form to computer.
- Student attaches saved form and emails (from Northwest email account) this completed request form to Registrar's Office ([registrar@nwmissouri.edu](mailto:registrar@nwmissouri.edu)).

Date: \_\_\_\_\_

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

Student ID #: \_\_\_\_\_

Semester To Be Verified: \_\_\_\_\_

Letter Should Be Mailed To: \_\_\_\_\_

Letter Should Be Faxed To: \_\_\_\_\_

Letter Should Be Emailed To: \_\_\_\_\_