## **Student Service Center**

550 Huntington Ave Boston, MA 02115

Fax: 617-989-4201 Email: ssc@wit.edu



Signature (Non Electronic Required)

## **ENROLLMENT/DEGREE VERIFICATION**

Please attach any reto this request.	equired additional info	ormation or documentation (such	as insurance forms or student loan defer
w	 Last Name	First Name	Middle Name
Phone Number	Last Name	First Name	Wildule Name
I request that Wei	ntworth Institute of	Technology Verify the followi	ing:
Enrollment: (Check all that apply)		Additions:	Degree:
Term:	Year:	Credit hours	Graduation date:
☐ Fall		☐ Department Major	Major:
Spring			Degree:
Summer			
HOLD for current s	emester degree confe	erral	
Pick up at the Student Service Center		☐ Fax to:	
Mail to:		□ Email t	o:
lame (person, instituti	on or agency)		
treet		Apt/P. O. Bo	x
ity		 State	ZIP/Postal Code Country