

REQUEST FOR LETTER

Name \_\_\_\_\_ Date \_\_\_\_\_

Student I.D. # \_\_\_\_\_

Information Needed \_\_\_\_\_ Full-time Status \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

\_\_\_\_\_ Half-time Status \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

\_\_\_\_\_ Projected Graduation

\_\_\_\_\_ Degree Verification

\_\_\_\_\_ Other Information (specify) \_\_\_\_\_

Information Sent To

Email \_\_\_\_\_

Fax Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Student Will Pick Up \_\_\_\_\_ Telephone Number \_\_\_\_\_

Registration & Records Fax 440-826-6522

Email [webregis@bw.edu](mailto:webregis@bw.edu)