WCTC Ollie's Compass

Records and Registration 800 Main Street, Pewaukee, WI 53072 262.691.5578 (P) | 262.691.5123 (F) webreg@wctc.edu

Enrollment Verification

Student - Complete this section (please print)

Name			
Last	First	Middle	Maiden
Telephone # ()		Student ID	Date of Birth
Address			
City	State		Zip
Select the semester and indicate the year you a	are requesting (select one):	Fall	Spring Summer
If you need, more than one s	semester, please refer to your u	nofficial transcript o	r submit an additional form.
Select the GPA(s) you would like released:	No GPA Pro	gram	Term Cumulative
Select Delivery Method: For pick-up	Mail to student	Email	to:
Student signature			Date
I understand that my education record is prot without my written consent to release the info rm Processing: Return form to Ollie's C ficial WCTC email account only.	ormation identified on this for	m.	·
	Processing may take 1-2	? business days.	
nrollment Verification (complet	ted by WCTC staff)	
mester(s):	Spring	Summer	
Full time (12 or more credit hours)			
Half time (6—11 credit hours)			
Less than half time (1–5 credit hours	s)		
Did not Attend College Credit course	s at WCTC		
Not Currently Enrolled			
Start/End of Semester			
Program			
Graduation Date/Anticipated Graduation	Date		
Dates of Attendance			
Program GPA Ter	rm GPA	Cumula	tive GPA
Registrar's Office Signature	т	-itle	Date

