MERCY COLLEGE OF NORTHWEST OHIO
ENROLLMENT VERIFICATION REQUEST FORM

Name: _____
First Last

Student ID (7-Digit EMPOWER Password): _____

Term(s) for Enrollment Verification (you must be registered for the term you are requesting verification for):

□FALL □SPRING □SUMMER YEAR(S): _____

I am enrolled:
□FULL-TIME (12+ HRS)
□PART-TIME (6-11 HRS)
□LESS THAN PART-TIME (1-5 HRS)

Additional Notes for Enrollment Verification:

_____

_____

Send or Fax To: _____

_____

_____

_____

_____
Student Signature **Date**

Please return complete form by mail to: **Mercy College of Northwest Ohio**
Attn: Student Records
2221 Madison Ave
Toledo, OH 43604

Or in person to: **Lisa Rockwell, Associate Registrar**