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