Office of the
University Registrar
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541 Fx: 610-436-2370
www.wcupa.edu/registrar

WCU ID# _____

Please provide your WCU ID#. If you do not know it then put your SSN below.

Soc Sec #: ___ - ___ - ____

GRADE MAILER FORM

Instructions: Submit this form to the Registrar's Office to have your current semester's grades mailed for proof of grades received for tuition reimbursement from your employer. Students may access/view/print their grades electronically from MyWCU at any time. Grades are no longer mailed at the end of each term.

Student Name: _____

Please check: ☐ Undergraduate ☐ Graduate

Term: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____
(Year) (Year) (Year & Session)

Address for Mailing Grades:

_____

_____

_____

Student's signature/Date (required): _____

This form may be faxed to the Office of the Registrar at 610-436-2370 ATTN: GRADES
Requests to FAX grades will not be honored.

Office Use Only

Processed by: _____ Date: _____