



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000167967** | Submit Date: **11/10/2021** | Lead Call Sign: **WESU** | FRN: **0005175898**
 Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **11/12/2021** |
 Filing Status: **Active**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WESLEYAN UNIVERSITY Doing Business As: WESLEYAN UNIVERSITY	229 HIGH STREET MIDDLETOWN, CT 06459 United States	+1 (860) 685-2934	Bmichael@wesleyan.edu	Private Not-for-Profit Educational Institution

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Allan G Moskowitz , ESQ . <i>Attorney</i> Allan G. Moskowitz, Esq.	ALLAN G MOSKOWITZ PO Box 20878 NORTH POTOMAC, MD 20878 United States	+1 (301) 908-4165	AMOSKOWITZ@AMOSKOWITZLAW.COM	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-11-10	0005175898

Consume the Following Authorizations:

Select all the authorizations in the table below that will **not be consummated**

Call Sign	Facility ID	File Number	Will Not Consume
WESU	71537	0000159915	

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Allan G. Moskowitz , Esq. . <i>Attorney</i> 11/10/2021

Attachments

Information not provided.