Office Use Pick-up on:

REQUEST FOR ENROLLMENT CERTIFICATION

There is a two-day processing period for all certifications. Pick up after noon on the appropriate date.
PRINT INFORMATION CLEARLY. INFORMATION THAT IS NOT LEGIBLE WILL DELAY PROCESSING.
FAX Number: (516) 299-2330

STUDENT ID # 100 - - _____

NAME: _____

Last First M.I.

SEMESTER(S) TO BE CERTIFIED: _____

IF YOU ARE STUDENT TEACHING CHECK BOX: ☐

ANTICIPATED DATE OF GRADUATION: _____

STUDENT CAREER: GRADUATE ☐ UNDERGRADUATE ☐ DUAL ☐

ACADEMIC PLAN & DEGREE: _____

NUMBER OF LETTERS NEEDED: _____

CERTIFICATION TO BE: PICKED-UP ☐ MAILED ☐ FAXED ☐

If letter is to be mailed, indicate the name and address to which it should be sent:

_____

_____

FAX #

_____

PHONE #

_____

SIGNATURE: _____ DATE _____