

REQUEST FOR ENROLLMENT CERTIFICATION

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PRINT INFORMATION CLEARLY. INFORMATION THAT IS NOT LEGIBLE WILL DELAY PROCESSING. FAX NUMBER: (516) 299-2330

STUDENT ID# 100_				
LAST NAME		FIRST	Λ	Л.І
SEMESTER(s) TO BE CERTIFIED:				
IF YOU ARE STUDENT TEACHING CHECK BOX: □				
ANTICIPATED DATE OF GRADUATION:				
STUDENT CAREER:				
☐ GRADUATE	☐ UNDERGRADU	UATE 🗖 DUAL		
ACADEMIC PLAN AND DEGREE:				
NUMBER OF LETTERS NEEDED:				
CERTIFICATION TO BE:				
☐ PICKED UP	☐ MAILED	☐ FAXED		
FAX NUMBER:		PHONE NUMBER:		
If letter is to be mailed, indicate the name and address to which it should be sent				
NAME				
CITY		STATE	ZIP	
SIGNATURE:			DATE:	