

OFFICE OF THE REGISTRAR BEREN & WILF CAMPUS

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|--------|---|--------------------------|-------|------------------|------------------------------|
| Beren: | 215 Lexington Avenue, 6 th Floor | New York, New York 10017 | Phone | Fax 212 340 7837 | E-mail berenregistrar@yu.edu |
| Wilf: | 500 West 185 Street, Rm 114 | New York, New York 10031 | Phone | Fax 212 960 0004 | E-mail wilfregistrar@yu.edu |

Request for Enrollment/Graduation Letter

Name: _____ YU ID #: _____
Mailing Address: _____

Phone: _____
Email: _____

School attending † Stern College † Sy Syms School of Business

Are you currently enrolled: † Yes † No

If No, dates of attendance: _____ o t _____

Please check which letter(s) you are requesting. Check all that apply

- † Semester Enrollment Semester(s) to be included: _____
- † Good Academic Standing Includes current academic standing, GPA is not included unless stated.
- † Expected Graduation Letter Expected graduation date _____
- † Graduation Letter -Includes the degree awarded, major and graduation date.
- † Other (please indicate any specific information to be included here) _____

Purpose of this letter:

- † Health Insurance Company Name: _____
- † Car Insurance Company Name: _____
- † Outside Course(s) School Name: _____
- † Jury Duty (Please include jury duty summons with this request)
- † Other _____

Do you want to pick up this letter? † Yes † No

If No, send this certification to:

Name: _____
Mailing Address _____

OR fax this certification to:

Name: _____
Fax Number: _____

Students Signature (required)

Date