

OFFICE OF THE REGISTRAR BEREN & WILF CAMPUS

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