



OFFICE OF THE REGISTRAR

SAVOY BLDG. RM. D-207 ★ (718) 518-6771

ENROLLMENT VERIFICATION REQUEST

____/____/____

TODAY'S DATE

FILL OUT COMPLETELY (PLEASE PRINT CLEARLY):

CUNY EMPLID#				LAST NAME				FIRST NAME				M.I.
NATIONAL ID#				CURRENT PHONE #				CURRENT E-MAIL ADDRESS				
STREET				APT.	CITY				STATE	ZIP CODE		

ARE YOU ENROLLED THIS SEMESTER AT HOSTOS? YES NO

SEMESTER(S) REQUESTED: SPRING 20____ SUMMER 20____ FALL 20____ WINTER 20____

NUMBER OF COPIES REQUESTED: _____

REQUESTING FOR: (CHECK ALL THAT APPLY)

LETTER OF ATTENDANCE LETTER OF NON-ATTENDANCE

NON-DEGREE/ E-PERMIT

OTHER REQUEST:

RECEIVED BY STUDENT: _____ DATE: _____

RECEIVED BY REGISTRAR'S OFFICE DESIGNEE DATE

ORIGINAL: REGISTRAR'S OFFICE, COPY 2: STUDENT

NP/SL Updated: 10/2013