REQUEST FOR CERTIFICATION LETTER

*Stuc	lent ID	*Last Name	*First Name		MI
		@CITYMAIL.CUNY.EI	DU		
CITYn	nail		Personal E-Mail		
Are y	ou currently enrolled:	🗆 Yes 🛛 No	Date of Birth	://	
Dates	of Attendance:	FROM: (MM/YY)	_/ TO: (MM/YY)	/	_
*I am	requesting the following the f				
	Current Enrollment (3/4 business days to prod	cess) and start and e	it semester of attendance, you nd dates of the current semes MUST BE PAID)	•	, units in progress
	Do you want your exp	pected date of graduation	included? 🛛 Yes	□ No	
	Semesters Enrolled (3/4 business days to proc		nesters of enrollment and unit ates of each semester.	s taken, your aca	ademic plan, and
	Do you want your exp	pected date of graduation	included? 🛛 Yes	□ No	
	Letter of Excess Credi (4/5 weeks to process) When did you	(MUST HAVE	er of credits earned in excess c GRADUATED) MM/YY) /	of degree require	ements.
		🗌 Undergi	raduate 🗌 Graduate		
]	Graduation Letter (3/4 business days to proc When did you	(MUST HAVE	f degree awarded and conferra GRADUATED) MM/YY) /	al date.	
Se	ect from the following:	Pick up	Email	Mail	
If	the attendance letter is	not picked up within 7 bu	siness days of completion, it w	ill be mailed to	the address belov
*ADD	RESS/Email:				
	Street		City	State	Zip