

CUNY SCHOOL OF MEDICINE

Office of the Registrar – Harris Hall, Room 102

ENROLLMENT VERIFICATION FORM

STUDENT EMPL ID	Last Name	First Name	MI

Are you currently enrolled: () Yes () No Date of Birth: ____/____/____

Dates of Attendance: Semester Start Date: (MM/YY) ____/____ to Present: ____/____

What is your Academic Plan: Medicine ____ Physician Assistant ____

I am requesting the following letter(s):

Semester: Fall Spring Summer Year: 20____

() **Current Enrollment:** Includes Current Program of Study: career, academic plan, academic program, and

Enrollment History: start and end dates of the semester, units, and status.

() **Cumulative GPA:** Includes Enrollment History: career, start and end dates for each semester, units, GPA, and status.

Do you want to pick up this letter? () Yes () No

Note: If the attendance letter is not picked up within 5 business days of completion, it will be mailed to the address below or the address on your record.

Address: _____

Student Signature: _____ Date: _____

*Bursar bill must be paid. If there is a **BURSAR HOLD** on your record, **WE WILL NOT** be able to honor your request.

FOR OFFICIAL USE ONLY

Processed by: _____ Date: _____