

**ENROLLMENT VERIFICATION REQUEST FORM**

Use this form to request an Enrollment Verification letter from the Office of the Registrar. Please include all of the requested information below in order to facilitate the process. All requests must be submitted from a school email account and emailed to [SOMRegistrar@med.cuny.edu](mailto:SOMRegistrar@med.cuny.edu). Verification letters are processed within 2-3 business days and will be emailed to the recipient. Incomplete forms will not be processed.

**STUDENT INFORMATION**

Last Name

First Name

Middle Name/Initial

Suffix

EMPLID

Email

**ACADEMIC INFORMATION**

*Please fill out the section below in order to process your Enrollment Verification letter. All Verification Letters include the following information: career, academic plan, academic program, enrollment history, start and end dates of the semester, units, and status. Additional notations may be added at the request of the student where possible.*

**What is your Academic Plan:****Are you currently enrolled?****Please choose the terms that need to be verified:****Do you wish to include your cumulative GPA? (N/A for MD)****Additional notes or information. Please provide details regarding your request.****If this letter is being emailed to a third-party, please provide the email address:**

*If your third-party contact requires an official transcript, you must place an order through [Parchment](#).*

**SIGNATURE CONFIRMATION**

*By signing below, I affirm that the information provided on this form is true and accurate. I certify that I am responsible for changes made to my official record and consequences that it may have.*

Student Signature

Date