



ENROLLMENT VERIFICATION REQUEST FORM

NAME _____
(Last) (First) (Middle Initial)

CONCORDIA ID# C00 _____ Phone# _____

Requests submitted **before** ADD/DROP deadline will confirm **registration**
Requests submitted **after** ADD/DROP deadline will confirm **enrollment**

ALL REQUEST FORMS MUST BE SUBMITTED TO THE REGISTRAR OFFICE

Please confirm the following information on the certification letter:

- Graduation Status
- Enrollment/Registration for the following terms (check all that apply):
 - FALL _____ (year)
 - SPRING _____ (year)

Please include the following additional information:

- Medical ID _____ Insurance Policy No. _____
- Parent ID _____ International Travel _____
- Other _____

The Certification Letter will be (check all that apply):

- Picked up in the Registrar Office
- Fax To: _____ (number and name)
- Mail To: _____

- Concordia E-Mail Only: _____

Student Signature: _____ **Date:** _____

Office of The Registrar
 171 White Plains Road, Bronxville NY 10708
 914.337.9300 | Fx: 914.395.4523 | concordia-ny.edu
 Email: Registrar@concordia-ny.edu

FOR OFFICE USE ONLY
Processed By: _____
Date: _____