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:______________