REQUEST FOR ENROLLMENT CERTIFICATION

OFFICE OF THE REGISTRAR • LIU POST • 720 NORTHERN BLVD., BROOKVILLE, N.Y. 11548
(516) 299-2588 • WWW.LIU.EDU/POST/REGISTRAR

PRINT INFORMATION CLEARLY. INFORMATION THAT IS NOT LEGIBLE WILL DELAY PROCESSING.
FAX NUMBER: (516) 299-2330

STUDENT ID# 100______________________________________________________________________________

LAST NAME_______________________________________FIRST______________________ M.I._____________

SEMESTER(s) TO BE CERTIFIED: __________________________________________________________________

IF YOU ARE STUDENT TEACHING CHECK BOX: ☐

ANTICIPATED DATE OF GRADUATION:____________________________________________________________

STUDENT CAREER:
☐ GRADUATE    ☐ UNDERGRADUATE    ☐ DUAL

ACADEMIC PLAN AND DEGREE: ________________________________________________________________

NUMBER OF LETTERS NEEDED: ________________________________________________________________

CERTIFICATION TO BE:
☐ PICKED UP    ☐ MAILED    ☐ FAXED

FAX NUMBER:________________________________________ PHONE NUMBER:___________________________

If letter is to be mailed, indicate the name and address to which it should be sent

NAME_________________________________________________________________________________________________

CITY___________________________________________________STATE____________________ZIP___________________

SIGNATURE:_____________________________________________________ DATE:________________________