MARITIME COLLEGE
STATE UNIVERSITY OF NEW YORK

ENROLLMENT LETTER REQUEST

Student Information

Student ID#: _____ Semester: _____ Year: _____

Name: _____
First Middle Last

Email Address: _____@sunymaritime.edu Phone: _____

Class: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐

Enrollment Letter Request Information

Enrollment can only be verified once classes begin for a given semester. Any letter requested prior to the start of the semester will indicate a student's status as "pre-registered" for the upcoming semester.

Please identify the specific Office, Institution, Organization, or Agency and the exact address that the letter should be addressed to:

Office/Attention To: _____

Institution/Organization/Agency: _____

Street Address: _____

City/State/Zip: _____

# of Copies Needed: _____

The typical Enrollment Letter will include semester enrolled, semester beginning and end dates, time status (full-time/part-time), degree/major, and expected graduation date. If you require any additional information to be included in the letter, please indicate below:

_____

_____

Please select one of the following options:

- ☐ Mail letter directly to address above
- ☐ Fax letter to : _____
- ☐ Will pick up letter in person
- ☐ Mail letter to parent/guardian*
- ☐ Mail letter to address above and send a copy to parent*

*If mailing to parent/guardian, please provide address below:

Parent/Guardian Name: _____

Street Address: _____

City/State/Zip: _____

Student Signature:_____**Date:**_____

This form must be submitted to the Office of the Registrar. Please allow 2-3 business days for processing.