

ENROLLMENT LETTER REQUEST

Studer	nt Information						
Student	t ID#:		Semester:				Year:
Name: First			Middle			Last	
Email Address:		<u>@sunymaritime.edu</u> Phone:		hone:			
Class:	Freshman 🗆	Sophomore	Junior 🗆	Senior \Box	G	raduate 🗆	
Enrollm a studen	ent can only be veri it's status as "pre-re identify the spec	gistered" for the upco	n for a given seme ming semester.				start of the semester will indicate
Office/	Attention To:						
Instituti	ion/Organization/	Agency:					
Street A	Address:						
City/Sta	ate/Zip:						
# of Co	pies Needed:						
							ime status (full-time/part-time), e letter, please indicate below:
Please	 Mail letter Fax letter to Will pick u Mail letter 	following options: directly to address a o : p letter in person to parent/guardian* to address above an					
*If mai	ling to parent/gua	rdian, please provid	e address below	:			
Parent/	Guardian Name:						
Street A	Address:						
City/St	tate/Zip:						
Stude	nt Signature:					Date:	
This fo	orm must be sub	mitted to the Office	e of the Registra	ar. Please a	llow 2-3	business days	for processing.