



ENROLLMENT LETTER REQUEST

Student Information

Student ID#: _____ Semester: _____ Year: _____

Name: _____
First Middle Last

Email Address: _____@sunymaritime.edu Phone: _____

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
- ☐ Email or 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.

Office of the Registrar

6 Pennyfield Avenue, Throggs Neck, NY 10465 | 718.409.7400 | www.sunymaritime.edu