



REQUEST FOR CERTIFICATION OF ENROLLMENT AND DEGREE VERIFICATION

Please note: All outstanding debts to the University must be paid before any certification will be completed. Please allow a minimum of ten business days to complete your request.

Name of Student

_____ Last Name First Name MI

_____ Address

_____ City State ZIP Code

Please Check One:

_____ Undergraduate _____ Graduate
_____ Certificate _____ Ph. D.
_____ Division of Technology

Information to be included in letter: NJIT ID# _____

Anticipated Date of Graduation: _____

Address Letter to:

Signed _____ Date _____

E Mail Address _____

This letter should be:

_____ Mailed _____ Faxed
_____ I will pick it up _____ Number of copies

