



REQUEST FOR CERTIFICATION OF ENROLLMENT AND DEGREE VERIFICATION

Fax # 973-642-7898

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