



Yeshiva University

OFFICE OF THE REGISTRAR ♦ BEREN & WILF CAMPUS

Beren:	215 Lexington Avenue, 6 th Floor	New York, New York 10016	Phone 646 592 4180	Fax 212 340 7837	E-mail berenregistrar@yu.edu
Wilf:	500 West 185 th Street, Rm 114	New York, New York 10033	Phone 646 592 6270	Fax 212 960 0004	E-mail wilfregistrar@yu.edu

Request for Enrollment/Graduation Letter

Name: _____ YU ID #: _____
Mailing Address: _____

Phone: _____
Email: _____

School attending: Stern College Sy Syms School of Business Yeshiva College

Are you currently enrolled: Yes No

If No, dates of attendance: _____ to _____

Please check which letter(s) you are requesting. Check all that apply.

- Semester Enrollment** – Semester(s) to be included: _____
- Good Academic Standing** – Includes current academic standing, GPA is not included unless requested.
- Expected Graduation Letter** – Expected graduation date _____
- Graduation Letter** – Includes the degree awarded, major and graduation date.
- Other** (please indicate any specific information to be included here) _____

Purpose of this letter:

- Health Insurance – Company Name: _____
- Car Insurance – Company Name: _____
- Outside Course(s) – School Name: _____
- Jury Duty (Please include jury duty summons with this request)
- Other _____

Do you want to pick up this letter? Yes No

If No, send this certification to:

Name: _____
Mailing Address: _____

OR fax this certification to:

Name: _____
Fax Number: _____

Student's Signature (required)

Date