



**Office of the Registrar** 60 West Street New York, NY 10006; 212-343-1234 ext. 5008; fax: 212-343-7397  
[www.mcny.edu](http://www.mcny.edu)

1. LETTER REQUEST

If you would like to have a letter generated, please check no more than 2 contents that you would like to include, then proceed to section 3. Skip this section if you would like to have a form completed and go to section 2A or 2B.

- Accumulated GPA**
- Certification of graduation** (Bursar and Library clearance is required)
- Credits earned**
- Enrollment history**
- Expected date of completion**
- Verify current enrollment** (Attend at least 1 week)
- Verify date of completion** (Bursar clearance is required)
- Other** (Specify; attend at least 1 week)

\_\_\_\_\_

2A. FORM TO BE COMPLETED

Complete this section only to have the Registrar fill the form that you have provided.

- In-school Loan Deferment** (Attend 4 weeks; present a Deferment form with this request)
- VA Benefit** (Attend 2 weeks; present a VA form with this request)
- Other** (Specify) \_\_\_\_\_

2B. Form to be completed:  **ACD**  **FIA Enrollment**  **OES**

\* Purpose 2-8 Human Services students on public assistance or receiving child care must attend at least 1 week of classes.

\* Work study students must enclose a copy of the hours from the supervisor with this form.

Your coordinator must verify the hours.

	INTERNSHIP	WORK STUDY
To be completed by	Career Services	Department Supervisor
Field work site	_____	_____
Address, apt/floor	_____	_____
Supervisor (last, first)	_____	_____
Supervisor telephone	_____	_____
Days and hours	_____	_____
Print name and sign	_____	_____

LETTER REQUEST/FORM COMPLETION (continued)

Complete either section 1 or 2 on the opposite side before proceeding to sections 3-6 below.

3. STUDENT INFORMATION

SSN or ID number \_\_\_\_\_  
Student (last, first) \_\_\_\_\_  
Address, apt/floor \_\_\_\_\_  
City, state, and zip \_\_\_\_\_  
Mobile telephone \_\_\_\_\_  
Is this address new? \_\_\_ Yes \_\_\_ No  
Is this phone number new? \_\_\_ Yes \_\_\_ No

Degree (check one) \_\_\_ Associate \_\_\_ Bachelor \_\_\_ Graduate \_\_\_ Other  
Curriculum (e.g., Business, Education) \_\_\_\_\_  
Present semester Spring 20\_\_\_ Summer 20\_\_\_ Fall 20\_\_\_  
Current purpose # \_\_\_ I am not presently attending \_\_\_ I have graduated

4. ADDRESSEE INFORMATION

The “addressee” is the person, other than yourself, for whom this request is intended. Although you may request a copy for personal use, please write the addressee’s contact information below.

Contact (last, first) \_\_\_\_\_  
Company \_\_\_\_\_  
Address, apt/floor \_\_\_\_\_  
City, state, and zip \_\_\_\_\_

5. HOW TO PROCESS THIS REQUEST

The usual turnaround for most requests is 1 to 2 business days (some exceptions apply).

Select no more than 2 of the following:

- \_\_\_ For personal use: please mail a copy to me (letter requests only, not completed forms)
- \_\_\_ For personal use: please do not send my copy, I will retrieve it at the Manhattan office
- \_\_\_ For personal use: please do not send my copy, I will retrieve it at the Bronx
- \_\_\_ Please mail to the addressee (section 4)
- \_\_\_ Please fax to the addressee \_\_\_\_\_

6. SIGNATURE

I have completed the opposite side of this page and provided any necessary forms.

Student, sign and date \_\_\_\_\_

*You may mail, fax, or present this form in-person (see header on the reverse side).*

OFFICE OF THE REGISTRAR USE ONLY

Attendance confirmed, sign and date \_\_\_\_\_