

REQUEST FOR STUDENT ENROLLMENT VERIFICATION

FAX: (908) 709-7131 PHONE: (908) 709-7134/7123

* IF YOU HAVE FINANCIAL OBLIGATIONS AT UCNJ, THIS REQUEST WILL NOT BE PROCESSED,
YOU MUST CLEAR YOUR OBLIGATION AND SUBMIT A NEW REQUEST.

NAME _____ SID# _____
PLEASE PRINT STUDENT ID#PLEASE INDICATE THE TERM AND YOUR TIME STATUS FOR THE REQUESTED SEMESTER(S) YOU NEED
VERIFIED. YOUR REQUEST WILL BE REVIEWED, PROCESSED AND COMPLETED WITHIN 2 BUSINESS DAYS.FALL ____ WINTER SESSION ____ SPRING ____ SUMMER I ____ SUMMER II ____ ENROLLMENT HISTORY ____
YEAR YEAR YEAR YEAR YEAR (EVERY SEMESTER)FULL-TIME [] HALF-TIME [] PART-TIME []
(12 or more credits) (6-11 credits) (5 or fewer credits)☐ I am requesting a letter ☐ I do need a school seal ☐ I do need a signature☐ I have attached a form (Please fill out your area of the form and sign if required).☐ Other Request: _____

Please complete the mailing address ONLY if you want your request mailed, or list fax number or pick up date.

☐ Mail to: _____

_____☐ Fax: _____☐ Pick up the letter: _____ (Allow 2 business days)
list date

I HEREBY AUTHORIZE UCNJ TO RELEASE THE ABOVE REQUESTED ENROLLMENT INFORMATION.

STUDENT'S SIGNATURE_____
DATEI give _____ permission to pick up my enrollment verification
PRINT NAMEletter, because I will not be able to pick this form up. _____
Initials Date_____
UCNJ Authorized Initials_____
Date