

Request for Enrollment Verification and Degree Verification

Registrar's Office

Phone: (914) 251-6361 Fax: (914) 251-6373 Please allow two to three business days for processing

Name		Pid or SSN:
	(Last, First)	
Addre	ess:	Today's Date:
		Date of Birth:
	_ I attended prior to Spring 1992	
Enrolli	lment Verification	
	I request that the Registrar's Office verify	my enrollment for:
	The following semester(s)	
	My complete academic career at Po	urchase College
	Please include my:	
	Expected graduation date	
	Cumulative grade point average	
	Completed credits	
Degre	ee Verification	
	I request that the Registrar's Office	verify my degree(s) earned.
	Please include my:	, , , , , , , , , , , , , , , , , , , ,
	Cumulative grade point average	
	Completed credits	
	rs of Verification can be emailed, faxed, and e address below:	mailed. Please send this verification of enrollment/degree
Stude	ent Signature:	

^{*}If requesting information on completed credits, grades, or final GPA, you must also include a copy of a photo ID*