



NEW YORK CITY COLLEGE OF TECHNOLOGY

Office of the Registrar
300 Jay Street, Brooklyn, NY 11201
Telephone (718) 260-5800

Enrollment Verification Request

Using your campus email, please send completed form to Registrar@citytech.cuny.edu

REQUIRED INFORMATION: *All information must be noted as it appears on the records of the College.*

CUNYfirst ID Number: _____ Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Telephone number: _____ Email: _____

Please send Enrollment Verification letter to: PRINT CLEARLY

Address: _____

City: _____ State: _____ Zip: _____

Number of copies: _____

Semester: _____
(i.e. Fall 2019)

Please note *The enrollment verification letter includes the following: semester enrollment status, semester credits, semester start and end date, degrees earned, and major. Any additional information can be requested below.*

- Additional Information:**
- All Semesters Enrolled
 - Include Term GPA
 - Expected Graduation Term

Student Signature: _____ Date: _____

In the absence of a written signature: submission from your campus email to Registrar@citytech.cuny.edu will suffice.

OFFICIAL USE ONLY

Registrar Signature: _____ Date: _____