

**ENROLLMENT CERTIFICATION
REQUEST**

Send Certification to:

Person or Office: _____

Institution: _____

Address: _____

City, State, Zip: _____

NOTE: Submit a separate form for each mailing address

Campus Key: _____

Date of Birth: _____

Prior Name (if different from current name)

Telephone: _____

Email: _____

Check one:

Mail Certification

Hold for student pick-up

Fax certification to: _____

Email certification to: _____

Student Enrollment at Thomas Jefferson University

*** Undergraduate level full-time status is defined as enrollment in at least 12 credits per semester.

*** Graduate full-time status is defined as enrollment in at least 9 credits per semester.

College or School: _____

From Term/Year: _____

Degree/Program: _____

To Term/Year: _____

Graduation Month & Year: _____

Did not Graduate: _____

If applicable, state the desired content of the certification letter in your own words:

Student Name: _____

Address: _____

City, State, Zip: _____

Date: _____

Signature: _____

**The University reserves the right to withhold transcripts, grades, enrollment certification services, and diplomas from students who have unsatisfied financial obligations to the University.*