



Stevens Institute of Technology
Castle Point on Hudson
Hoboken, NJ 07030
201.216.5210
FAX 201.216.8030
Office of the Registrar
registrar@stevens.edu
http://www.stevens.edu/registrar

Request for Letter of Enrollment Status/Completion

LETTERS OF ENROLLMENT STATUS OR COMPLETION
WILL NOT BE ISSUED IF A STUDENT HAS AN ACCOUNT BALANCE.

Name: \_\_\_\_\_ Student Identification No.: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

[ ] Letter of Enrollment Status
Semester of Enrollment: [ ] Fall [ ] Winter [ ] Spring [ ] Spring II [ ] Summer I [ ] Summer II 20 \_\_\_\_\_
[ ] Full Time [ ] Part Time

[ ] Letter of Completion (An Application for Candidacy must be on file in the Registrar's Office)

Date of Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exact Name of Degree: \_\_\_\_\_

Other Information Required For Your Purposes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Letters Required: (maximum of 2) \_\_\_\_\_

[ ] Pickup
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_
DATE

[ ] Mail to Address:
STREET APT. NO.
CITY STATE ZIP CODE
COUNTRY

SIGNATURE DATE

For Office Use Only
Checked Out: [ ] F [ ] W [ ] S [ ] S2 [ ] A [ ] B 19/20 \_\_\_\_
Date Letter Prepared: \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_