

REQUEST FOR CERTIFICATION

Instructions: Please complete the form legibly. Submit completed form to:

Registrar's Office

Email: Registrar@hsph.harvard.edu

677 Huntington Avenue Kresge G4

Fax #: 617-432-2009

Boston, MA 02115

Processing time is 7-10 business days.

Student Information

Name: _____

Harvard I.D. #: _____

Date: _____

Phone Number: _____

Degree Program/Department: _____

Date of Enrollment: _____

Are you currently enrolled?

No

Yes

Request

Please check the appropriate certification option(s):

Certification of Enrollment for the following dates: _____

Note: Students can only be certified for those semesters for which they are officially enrolled

Certification of Graduation from the Harvard Chan School.

Degree Received: _____

Graduation Date: _____

Department: _____

Expected to Graduate from the Harvard Chan School.

Degree Received: _____

Expected Graduation Date: _____

Department: _____

Certification of Tuition and Fees.

Please specify which items you wish outlined in the certification letter.

Student Health Fee

Student Health Insurance Plan

Fall Tuition

Spring Tuition

Registration Fee

Other (Specify): _____

Certification of Other: _____

Handling

How many letters of certification are you requesting? _____

I will pick up my certification at the Registrar's Office

Please mail my certification to the following address:

Office Use Only

Date Completed: _____

Initials: _____