



HARVARD DIVISION OF CONTINUING EDUCATION

Harvard Extension School • Harvard Summer School

Academic Services • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-0977 • fax: (617) 495-3662 • academicservices@extension.harvard.edu

Request for a Letter of Enrollment

Students may request a letter of enrollment for any term in the current academic year.* A separate letter is issued for each term requested. The letter includes the student's name, student identification number, term dates, course registration for the term, and credit status. It does not include grades.

The letter of enrollment is embossed and signed by the Registrar. It may be sent directly to third parties or to students in a signed, sealed envelope. There is no charge. Requests for letters of enrollment are not processed until after the 50 percent tuition refund period of each term. Letters are not issued for students who have not met their financial obligations to Harvard University. Requests for a letter of enrollment ordinarily are processed within a minimum of 48 hours from the date of receipt; however, it may take longer to process requests during busy periods. Letters of enrollment cannot be faxed or e-mailed.

*** Students who need proof of enrollment for prior terms should request a copy of their transcript.**

Instructions for Ordering a Letter of Enrollment

Print all requested information legibly and in ink.

Sign the form where indicated.

Indicate the type(s) of letter(s) requested.

Submit completed form(s) by mail, fax, or in person to the above address.

Provide exact names and complete addresses of recipients where appropriate.

Telephone requests are not accepted.

PLEASE PROVIDE ALL INFORMATION REQUESTED

STUDENT FULL LEGAL NAME (exactly as printed on your passport or other government-issued photo identification)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

DCE @ ID NUMBER OR HUID	DATE OF BIRTH example: JAN 01 1994	SELECT A TERM IN THE CURRENT ACADEMIC YEAR												
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Month (MMM)</td> <td>Day (DD)</td> <td colspan="4">Year (YYYY)</td> </tr> </table>							Month (MMM)	Day (DD)	Year (YYYY)				<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Month (MMM)	Day (DD)	Year (YYYY)												

MAILING ADDRESS		
Street and number (including apartment number)		
City	State/Province	Zip/Postal code
Country (if other than US)	Local daytime phone number (with extension)	
Student's personal and unique e-mail address (SEL)		

I authorize release of my enrollment information for the specified year and term to the recipient below.

Student signature (required) _____ Date _____

Indicate the Type(s) of Letter(s) of Enrollment Requested

Official copy sent to the student's current mailing address in a signed and sealed envelope for forwarding to a third party.

Number of copies needed _____.

I prefer to pick up my above letter of enrollment. Please call me at (____) _____ - _____ when my letter of enrollment is ready.

Official copy sent directly to a third party. Number of copies to be sent to this recipient _____

Print complete name and address of third party recipient below. *Complete a separate request for each recipient.*

RECIPIENT NAME AND ADDRESS		
Recipient name		
Address 1		
Address 2		
City	State/Province	Zip/Postal code
Country (if not US)		