MONTCLAIR STATE UNIVERSITY
OFFICE OF THE REGISTRAR

CERTIFICATION OF ENROLLMENT REQUEST

CWID (Student ID NUMBER)

Date

Name

Current Address

Telephone Number

Select Either Semester to be Certified: Fall ☐ Spring ☐ Summer ☐

Or Enrollment History ☐

Indicate where certification is to be sent (provide complete address or fax number)

Additional Instructions:

Signature _____

web 1/08