

## REQUEST FOR CERTIFICATION

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

Registrar's Office

Email: [Registrar@hsph.harvard.edu](mailto:Registrar@hsph.harvard.edu)

677 Huntington Avenue Kresge G4

Fax #: 617-432-2009

Boston, MA 02115

Processing time is 7-10 business days.

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### Student Information

Name: \_\_\_\_\_

Harvard I.D. #: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Degree Program/Department: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Are you currently enrolled?

No

Yes

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### 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: \_\_\_\_\_

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### Handling

How many letters of certification are you requesting? \_\_\_\_\_

*Send Electronically*

**OR**

*Send by Mail* (Postal Mail/10-14 Business days)

**Insert electronic address/mail address below:**

\_\_\_\_\_  
\_\_\_\_\_  
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### Office Use Only

Date Completed: \_\_\_\_\_

Initials: \_\_\_\_\_