



GreenHeart Medical University

Georgetown, Guyana

Enrollment Verification Request Form

(PLEASE PRINT)

Date: _____ Student ID # _____

STUDENT INFORMATION

Student Name: _____
Last First Middle

Contact Details: _____
Phone No. Mobile No. E-mail

ENROLLMENT REQUEST DETAILS

I hereby requesting GreenHeart Medical to release my enrollment information for the following terms;

☐ January ☐ May ☐ September Year

Name, Address & Fax Number to which the letter should be sent;

ATTN:

Specific Content Request:

ALLOW 7 TO 14 BUSINESS DAYS OF PROCESSING AFTER SUBMISSION TO THE REGISTRAR'S OFFICE

The form should be completed and submitted the form to the Registrar (records) office for a letter that verifies student's enrollment status with GreenHeart Medical University for the Current Academic Term (semester) and not future semester enrollment. The letter would include information's on Student's Name, Status, Academic Program, Program Level and anticipated graduation date. Additional paper work if required and requested may be submitted in lieu of Enrollment Verification Letter.

The information will not be released without student's signature and the letter will only be issued to students who have met their obligations and are in good Financial Standing with the University

Student's Signature (Required)

Date (Required)

OFFICIAL USE ONLY

Bursar:	Registrar (Records):
X	X
Date:	Date:
STATUS: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Date:
Rejected By:	Signature:
Reason:	X