RUTGERS
School of Dental Medicine

OFFICE OF ENROLLMENT SERVICES/REGISTRAR
enrollmentservices@sdm.rutgers.edu
Phone: 973-972-4728 | Fax: 973-972-0309

ENROLLMENT/DEGREE VERIFICATION REQUEST FORM

Please complete the information below, sign, and email this form to enrollmentservices@sdm.rutgers.edu, to request an enrollment or degree verification from Rutgers School of Dental Medicine (formerly UMDNJ-New Jersey Dental School). Requests are processed within 5-7 business days.

CONTACT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Email Address _____

Phone Number (please enter numbers only) _____ Student ID# (i.e. A00123456) if known _____

RSDM PROGRAM(S)

- ☐ DMD
- ☐ POST GRADUATE AND/OR MASTERS
  - ☐ Endodontics ☐ Orthodontics ☐ Pediatric Dentistry ☐ Periodontics ☐ Prosthodontics
  - ☐ Master of Dental Science/Master of Science (Program in Dentistry)

PLEASE VERIFY

- ☐ Current Enrollment – What is your class year? _____
- ☐ Letter of Good Standing – What is your class year? _____
- ☐ Graduation Date – When did you graduate? (Month & Year) _____
- ☐ I20 Extension Letter – Department & Program Director_____
- ☐ OPT Letter
- ☐ Other _____

DELIVERY OPTIONS

- ☐ E-MAIL
- ☐ MAIL
- ☐ FAX

Please **E-MAIL** my verification letter to the following address:	Please **MAIL** my verification letter to the following email address:	Please **FAX** my verification letter to the following number:
		Attention:
		Fax #
		(please enter numbers only)

Signature (Required) _____ Date _____

Enrollment Services Use Only

Completed: