



Student's Name: _____

Address: _____

Email: _____

This is to verify that the above-named student is enrolled FULL-TIME in an undergraduate or graduate program, or post-doctoral fellowship: (Choose one)

Doctorate in: _____

Master's in: _____

Undergraduate Major _____

Post-doctoral Fellowship _____

Note: Student Eligibility is limited to 5 years for a doctoral program, 2 years for a master's program, and 2 years for a fellowship program.

Name of school or institution where student is enrolled:

Initial Enrollment Date: (MM/YY) _____ **Expected Date of Graduation/Completion: (MM/YY)** _____

Name of Advisor or Program Director: _____

Email of Advisor or Program Director: _____

I affirm that I am a FULL TIME STUDENT or Enrolled in a Fellowship and that I meet the qualifications for student membership.

Signature: _____ Date: _____

Please return this form via email to: alexandra.deluise@qc.cuny.edu