



# Certificate of Enrollment Request

Please return to [collegeregistrar@necmusic.edu](mailto:collegeregistrar@necmusic.edu)

**NEC ID:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Please Print)                      LAST                      FIRST                      MI

**Degree:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Date Requested:**    \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
                                 MM            DD            YYYY

**Date Required:**    \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
                                 MM            DD            YYYY

**Note:** Please allow two business days for processing

**Delivery Method** (circle one)

\_\_\_\_\_  
\_\_\_\_\_  
Pick Up            Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail to:

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_