

OFFICE OF STUDENT ASSISTANCE
WORLD TRADE INSTITUTE OF PACE UNIVERSITY
LETTER REQUEST FORM



LAST NAME FIRST NAME MIDDLE

STREET ADDRESS/P.O. BOX CITY STATE ZIP CODE

DAY TELEPHONE NUMBER EVENING TELEPHONE NUMBER MOBILE/CELL NUMBER E-MAIL ADDRESS

NAME DURING ATTENDANCE: _____
(If different than above)

ADDRESS DURING ATTENDANCE: _____
(If different than above)

PROGRAM INFORMATION: _____
(Include dates of attendance & course information)

PROGRAM DOCUMENTATION ATTACHED (Pace University purchased the WTI in July 1997. We do not have transcripts for coursework related to the certificate programs completed prior to 1997. Any records prior to 1997 were paper documents that were lost on September 11, 2001; students will need to include course documentation in order for letter to be generated.)

LETTER TO BE PROCESSED BY: MAIL FAX (_____) EMAIL _____

LETTER TO BE ADDRESSED TO: _____
(*Provide if mailing)

NAME _____

COMPANY NAME (If Applicable) _____

*STREET ADDRESS/P.O. BOX _____

*CITY _____ *STATE (U.S.)/COUNTRY (International) _____ *ZIP CODE _____

STUDENT'S SIGNATURE _____

DATE _____

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Transcript & Verification Department
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