



# MEDICAL UNIVERSITY OF THE AMERICAS, LTD.

U.S. Office • R3 Education Inc.

27 Jackson Road • Suite 302 • Devens, MA 01434

Telephone (978) 862-9500 • Fax (978) 862-9599

E-mail: admissions@mua.edu • website: www.mua.edu

## **ENROLLMENT VERIFICATION REQUEST FORM**

**Attention: Financial Aid Officer**

***Financial obligations to MUA must be met and registration confirmed before a letter is released. Allow 5 business days processing time.***

Student name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***ALL letters MUST be fully addressed (bank, loan provider, or other financial institution). Complete all fields below or your request will not be filled.***

Send to the Attention of: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

***Please issue letter via: (select one)***

\_\_\_\_\_ Mail to above address

OR

\_\_\_\_\_ Email (please print clearly) \_\_\_\_\_

OR

\_\_\_\_\_ Fax (cannot fax to toll-free # outside of US) \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY: Date received \_\_\_\_\_ By \_\_\_\_\_

Updated: 01/05/10

**Caribbean Campus**

Medical University of the Americas • P.O. Box 701 • Charlestown, Nevis West Indies



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## **ENROLLMENT VERIFICATION REQUEST FORM**

**Attention: Registrar's Office**

***Financial obligations to MUA must be met and registration confirmed before a letter is released. Allow 5 business days processing time.***

Student name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***ALL letters MUST be fully addressed (insurance company, employer, state office, etc).  
Complete all fields below or your request may not be filled.***

Send to the Attention of: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

***Please issue letter via: (select one)***

\_\_\_\_\_ Mail to above address

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