



MEDICAL UNIVERSITY OF THE AMERICAS

In the U.S.

R3 Education Inc. • 27 Jackson Road • Suite 302 • Devens, MA 01434
Telephone (978) 862-9500 • Fax (978) 862-9599 • www.mua.edu

Admissions: admissions@mua.edu • Clinicals: clinicals@mua.edu • Finance Office: finance@mua.edu

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: _____

Send to the Attention of: _____

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

Business Address: _____

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 _____

On Nevis

P.O. Box 701 • Charlestown, Nevis, West Indies • Tel. (869) 469-9177 • Fax (869) 469-9180



MEDICAL UNIVERSITY OF THE AMERICAS

In the U.S.

R3 Education Inc. • 27 Jackson Road • Suite 302 • Devens, MA 01434
Telephone (978) 862-9500 • Fax (978) 862-9599 • www.mua.edu

Admissions: admissions@mua.edu • Clinicals: clinicals@mua.edu • Finance Office: finance@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 Address: _____

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 _____ |
|---|

On Nevis

P.O. Box 701 • Charlestown, Nevis, West Indies • Tel. (869) 469-9177 • Fax (869) 469-9180