

Saint James School of Medicine

ENROLLMENT CERTIFICATE REQUEST FORM

Office of Admission: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068
Phone: (800) 542 1553 • Fax: (847) 298 2539 • Web: www.sjasm.org • Email: info@mail.sjasm.org

TO BE FILLED OUT BY STUDENT

Full Name: _____ Student ID#: _____

Phone: _____ Email: _____

INSTRUCTIONS

- By submitting the completed form this authorizes Saint James School of Medicine to release information for the purpose as specified below and to the individual or agency.
- A separate form must be completed for each different request.
- There is no charge for enrollment certificates.
- Processing time is 3-5 business days.
- Send the completed form to one of the following:

Via Email: info@mail.sjasm.org Via Fax: (847) 298-2539
Via Mail: 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068

SELECT THE CAMPUS YOU ATTEND

Anguilla

St. Vincent

ENROLLMENT CERTIFICATE FOR THE FOLLOWING PURPOSE

Finances/Loans

Gym Membership Discount

Health Insurance

Travel Discount

Car Insurance Discount

Other _____

SEND TO THE FOLLOWING BY

Regular First Class Post (Please allow additional time for international requests)

Name

Street

City, State/Prov., Zip/Postal Code

Country

Email _____

Fax _____

Please Note: Enrollment Certificates will not be released if the student has an outstanding financial obligation to SJSM. Please clear all financial obligations with SJSM before making your request.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved Denied

(Registrar's Office) Signature: _____ Date: _____