



TOURO COLLEGE

Touro College of Pharmacy- Office of the Registrar

2090 Adam Clayton Powell Jr. Blvd, Suite 519H, New York, NY 10027 FAX: 212-851-1183

Enrollment Request Form

Class of _____

Name _____ Student ID# _____ (Required)

Address _____
(Number, City, State, Zip Code)

Phone Number _____ (Required)

Student E-Mail _____

(Please check appropriate request)

- Complete attached application
- Enrollment Verification Letter
- Degree Completion letter
- Other (Please indicate)-----

Please select appropriate option: Mail, Email or Fax

Please note that your request may take up to 24 hours for processing.

Student Signature (Required)

Date

REGISTRAR _____ Date Completed _____

Mailed _____ Faxed _____ Emailed _____