



Student Letter of Verification

Students must be full time undergraduate or graduate students and must submit this letter of verification from the department head or registrar certifying your current student status and date of graduation.

I am applying for a:

_____ \$35 SVU Student Membership and my graduation date is beyond six months

_____ \$70 SVU Transitional Membership and my graduation date is within six months

To Whom It May Concern:

This letter is to verify that _____ is currently enrolled in a
(Student's Name)
full-time vascular program at _____, in _____.
(School of Study) *(City/State)*

His/Her anticipated date of graduation is _____.
(mm/dd/yy)

Program Director Signature: _____

Print Name: _____ Date: _____

Phone: _____ Email: _____

*Please print this letter on letterhead, and submit along with your payment and application for student membership to:

Society for Vascular Ultrasound
P.O. BOX 715491
Philadelphia, PA 19171-5491

or Fax to (301) 459-5651, if paying by
credit card