



GRADUATE SCHOOL OF PUBLIC HEALTH & HEALTH POLICY

STUDENT STOP PAYMENT REQUEST

Date: _____ EMPL. ID: _____

Student's Name: _____

Current Address: _____

Email Address: _____@sph.cuny.edu

Telephone #: _____

Signature: _____

Please include a copy of your student photo ID with this form when requesting your stop payment.

Reason: (check appropriate)

- ☐ Lost Check
☐ Check Stolen
☐ Student did not receive check in the mail
☐ Other – (explain) _____

Payment Reissue Options (check only one):

Enrolled in Direct Deposit ☐ Enrolled in CUNY Scholar Card ☐

Paper check ☐ (will not be reissued if the mailing address is not updated on CUNYfirst)

Stop payment request can be e-mail to Bursar@sph.cuny.edu or by mail to:

CUNY Graduate School of Public Health and Health Policy
55 West 125th Street, 5th floor
New York, NY 10027
Attn: Office of the Bursar

*****Bursar Office Use Only*****

Check #: _____ Check Date: _____ Voucher #: _____

Check Amount: _____ Semester: _____