



STUDENT INFORMATION:

Surname:	Given Name(s):
Student No.:	Previous Name (If applicable):
Daytime Phone No.:	U of T Email Only:

GRADUATION INFORMATION:

Select Month: <input type="checkbox"/> June <input type="checkbox"/> November	Indicate Year: _____	Indicate Degree: _____
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Please select one of the letter options:

1. <input type="checkbox"/> Intent to Graduate – confirms that you have submitted a graduation request. This letter <u>does not</u> confirm your eligibility to graduate. [Processing time: 1 to 2 business days]
2. <input type="checkbox"/> Eligibility to Graduate – verifies that you have or will satisfy all of your degree and program requirements, although you have not yet officially graduated until your Convocation has taken place. Please select one of the following choices: a. <input type="checkbox"/> Process letter even though my courses are currently in progress. [Processing time: At least 5 business days] b. <input type="checkbox"/> Process as soon as final grades for my current course(s) are available on ROSI. [Processing time: 2 weeks after exam period] <i>Note: Unresolved academic offence in a course will result in the grade being withheld pending review (GWR). The GWR notation will be noted in the letter.</i>
3. <input type="checkbox"/> Certification of Degree – confirms you have graduated only after your Convocation has taken place. [Processing time: 1 to 2 business days]

RELEASE INFORMATION: (Please select one)

<input type="checkbox"/> PICK UP at the UTM Office of the Registrar (Letters will be held for six months from ready date, and will then be destroyed. No refunds will be issued).
<input type="checkbox"/> MAIL TO: Recipient's Name: _____ Company (if applicable): _____ Street Address: _____ Suite #: _____ City/Town: _____ Province/State: _____ Postal/Zip Code: _____ Country: _____ Do you wish to receive an email notification when letter is ready for pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No If you wish to have the letter faxed in addition to mail/pickup, please specify: Name: _____ Fax #: _____

PAYMENT INFORMATION:

Please note that all fees are non-refundable and non-transferable. The fee for the first letter is \$7. Additional letter copies are \$1 each.	First letter at \$7.....\$ 7 Include ____ additional letter copies at \$1 each\$ _____ TOTAL PAYMENT \$ _____
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<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <i>Complete this section only if faxing/mailing this form to our office:</i> Card Number: _____ CVV/CVC code: _____ Expiry Date [MM/YY]: ____/____ Name of Cardholder: _____	I authorize the UTM Office of the Registrar to charge my credit card account the above total payment for my letter(s). Cardholder Signature: _____ Date: _____
<input type="checkbox"/> Debit (Payment in person only)	

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government. The University is also required to report student-level enrolment-related data to the Ministry of Training, Colleges and Universities as a condition of its receipt of operating grant funding. The Ministry collects this enrolment data, which includes limited personal information such as Ontario Education Numbers, student characteristics and educational outcomes, in order to administer government postsecondary funding, policies and programs, including planning, evaluation and monitoring activities. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Coordinator at McMurich Building, room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

Student Signature: _____

Date: _____

Return this completed form along with payment to the Office of the Registrar, University of Toronto Mississauga.
3359 Mississauga Road, Innovation Complex, Mississauga, ON, L5L 1C6 - Tel.: 905.828.5399 / Fax: 905.569.4301

FOR OFFICE USE ONLY

Grad. Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Holds: <input type="checkbox"/> No <input type="checkbox"/> Yes	Received By: _____ on _____	Amount Paid: \$ _____
Academic Status: <input type="checkbox"/> Good Standing <input type="checkbox"/> PROB <input type="checkbox"/> SUSP	Arrears: <input type="checkbox"/> No <input type="checkbox"/> Yes	Processed By: _____ on _____	<input type="checkbox"/> Emailed Student
		<input type="checkbox"/> Sent emailed to Dept. on _____	Revised Jan 2016