

**REQUEST FOR LETTER CONFIRMING DEGREE, ELIGIBILITY TO GRADUATE, OR
COMPLETION OF DEGREE REQUIREMENTS**

(for Undergraduate Students, Faculty of Arts & Science, St. George Campus only)

**NOTE: Letters will not be completed for those students with FINANCIAL HOLDS.
Those students should contact Student Accounts at 416-978-2142.**

FAMILY NAME: _____ GIVEN NAME: _____

STUDENT NUMBER: _____ PHONE: _____ EMAIL: _____

COLLEGE: _____ CONVOCAION DATE: _____ MOST RECENT REGISTRATION: _____
(mm/yyyy)

LETTER: (select one only)

Please confirm my degree and date conferred. **NOTE:** This letter will be produced only after your convocation ceremony has taken place. We will also include your Subject Post(s)/Area(s) of Study.

Please advise that I am eligible to graduate at the next convocation and I have completed my degree requirements. **NOTE:** It is your responsibility to ensure that your Subject Post/Area of Study assessments* (from Departments/Program Sponsors) are confirmed on-line on Degree Explorer and that you have checked with your College that your distribution/breadth requirement has been completed.

Please advise that I have requested to graduate at the next convocation and that successful completion of my current courses will result in my eligibility to graduate. **NOTE:** It is your responsibility to ensure that your Subject Post/Area of Study assessments* (from Departments/Program Sponsors) are confirmed on-line on Degree Explorer and that you have checked with your College that your distribution/breadth requirement has been completed.

** If you have already received an email confirming your Subject Post/Area of Study assessments from the department(s) you do not need to contact your program departments.*

INDICATE RELEASE INSTRUCTIONS BELOW:

FOR PICK-UP (Pick-up by a 3rd party requires a signed letter of authorization & photo ID)

PLEASE FAX LETTER TO: (both Letter & FAX charges apply)

ATTN: _____

FAX Number: _____

Please complete the address section below with the address that corresponds to the FAX Number.

PLEASE MAIL LETTER TO:

NAME: _____

STREET: _____

CITY: _____ PROVINCE: _____

COUNTRY: _____ POSTAL CODE: _____

PAYMENT DETAILS: LETTER FEE - \$7.00 per copy FAX FEE – Please inquire at 416-978-3384

Credit Card Number: _____ Expiry Date: _____

DATE: _____ SIGNATURE: _____