



Confirmation of Enrolment Letter Request

Do not submit this request until all the fields are completed.

Letters take approximately 10 business days to process. Please PRINT clearly!

FAMILY Name: _____

GIVEN Name(s): _____

Student Number:

Date of Birth (dd/mm/yyyy): ____ / ____ / ____

Email: _____

Telephone Number: _____

Program of Study: _____

Gender: Male Female

I am a(n):

ESL/EAP student Academic Student Co-op student Other: _____

This letter is for:

Study Permit Entry Visa (TRV) Post-Grad Work Permit Social Insurance Number

Other: _____

Study Permit Expiry Date:

For academic students ONLY: Please include the following additional information in my letter:

The length of my program Expected program completion date Proof that I have completed my program

Other: _____

How do you want to receive your letter?

I will collect it from the International Education Office (E110)

Please mail the letter to this address:

Please fax it to: _____

Email to this address: _____

Student's signature: _____

Today's Date: ____ / ____ / 20__

Pick-up signature: _____

Letter Pick-up Date: ____ / ____ / 20__

To be completed by **STAFF MEMBER**
only: **BANNER** Check

Received by (please initial): _____

Date (dd/mm/yyyy): ____ / ____ / ____

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Completed by: _____