

□ PROB □ SUSP

☐ Sent emailed to Dept. on _____

Revised May 2016

Graduation Information Letter Office of the Registrar

STUDENT INFORMATION:					
Surname:	Given Name(s):	iven Name(s):			
Student No.: Previous Name (If ap		applicable):	pplicable):		
Daytime Phone No.: U of T Email Only:					
GRADUATION INFORMATION:					
Select Month: June November	Indicate Year:		Indicate Degree: _		
Please select one of the letter options:					
Intent to Graduate – confirms that you have [Processing time: 1 to 2 business days]	submitted a graduati	on request. T	his letter <u>does not</u> co	onfirm your eligibility to graduate.	
2. Eligibility to Graduate – verifies that you have officially graduated until your Convocation have a. Process letter even though my courb. Process as soon as final grades for no Note: Unresolved academic offence in a course will result in	as taken place. Please ses are currently in pro ny current course(s) an	e select one o ogress. <i>[Proce</i> re available o	f the following choice essing time: At least 5 but In ROSI. [Processing time	es: Isiness days] ne: 2 weeks after exam period]	
3. Certification of Degree – confirms you have	graduated only after y	our Convoca	tion has taken place.	[Processing time: 1 to 2 business days]	
RELEASE INFORMATION: (Please select one) PICK UP at the UTM Office of the Registrar (Lette MAIL TO: Recipient's Name:					
Street Address:					
City//Town: Province/	State:	Postal/Zip C	ode:	Country:	
Do you wish to receive an email notification when letter is real flyou wish to have the letter faxed in addition to mail/pickup.	· · · · ·			Fax #:	
PAYMENT INFORMATION:					
Please note that all fees are non-refundable and non-transferable. The fee for the first letter is \$8. Additional letter copies are \$4 each.		First letter at \$8\$ 8 Include additional letter copies at \$4 each\$ TOTAL PAYMENT \$			
☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover Complete this section only if faxing/mailing this form to our office: Card Number:		I authorize the UTM Office of the Registrar to charge my credit card account the above total payment for my letter(s). Name of Cardholder:			
CVV/CVC Code: Expiry Date [MM/YY]:/		Cardholder's Signature: Date:			
☐ Debit (Payment in person only)					
FREEDOM OF IN University of Toronto respects personal privacy. Persona extenuating circumstances on your capabilities and nece Information and Protection of Privacy Act. If you have qu	essary related purpose	provided on thes. At all times	nis form is used by the sit will be protected i		
Student Signature:			Date: _		
Return this completed form along wir 3359 Mississauga Road, Innovation Comp		_		_	
	FOR OFFICE US	SE ONLY			
Grad. Requested: □ Yes □ No Financial Holds: □ Academic Status: □ Good Standing Arrears: □	□ No □ Yes □ No □ Yes		on :on	Amount Paid: \$	