

CONFIRMATION REQUEST

PERSONAL DETAILS

Name _____ ID# _____ Male/Female _____
LAST FIRST

Email _____ Phone _____

PROGRAM DETAILS

Current Division

☐ Undergraduate ☐ School of Graduate Studies ☐ ACTS Seminars

Major _____ Anticipated Date of Graduation _____

Current Year of Study

☐ First (0-26 sem. hrs. completed) ☐ Third (57-89 sem. hrs. completed)
☐ Second (27-56 hrs. completed) ☐ Fourth (90+ sem. hrs. completed)

PLEASE CONFIRM ENROLMENT FOR SEMESTER:

☐ Fall _____ ☐ Spring _____ ☐ Summer _____
year year year

☐ Confirmation of Registration Letter

☐ Confirmation of Registration Letter for Study Permit or Visa purpose

☐ Confirmation of Registration Letter for Health Care Plan

Health Care Plan Provider _____ Health Care Plan Number _____

☐ Confirmation of Registration **FORM** to be filled out (attach the form e.g. Registered Education Savings Plan form)

☐ Confirmation Letter for: _____

Option A: ☐ Regular Letter (2 business day service) \$10.00 includes one of the following: mail, pick-up, email **or** fax.

Option B: ☐ Rush Letter (Same day service) \$35.00 includes one of the following: mail, pick-up, email **or** fax.

DELIVERY INSTRUCTIONS

☐ Pick-up at Office of the Registrar

☐ Mail to:

Name

Address

Address

City Province Postal Code

EXTRA DELIVERY OPTIONS:

☐ Courier to 'mail to' address (\$12 for courier within Canada; \$17 to USA; \$35 to International)

☐ Email address: _____ (if duplicate copy add an extra \$5.00)

☐ Fax number: _____ (if duplicate copy add an extra \$5.00)

International Students Note: Confirmation of Enrolment Requests for upcoming semesters require a Tuition Deposit of \$1000.00. This is a non-refundable deposit that will be applied to the student's tuition fees for the semester confirmed in the letter. After the letter is issued, the deposit will be forfeited if a student's enrolment status changes from full-time to part-time, or if a student withdraws from the semester.

Student's Signature

Date

PAYMENT DETAILS

TOTAL SERVICE FEES TO PAY: \$ _____

☐ VISA or MASTERCARD (circle)

Card #: _____ Exp: _____ / _____

Cardholder Name: _____

Cardholder Signature: _____

Information Verified: _____

FOR OFFICE OF THE REGISTRAR USE ONLY

Date: _____



OFFICE OF THE REGISTRAR

07/2010