**LETTER/FORM REQUEST   
OFFICE OF THE REGISTRAR**



1. **Personal Information**

First Name:                                                                        Last Name:

Student Number:                                                                   Email Address:

Mailing Address:

Home Telephone Number:                                                       Cell Phone Number (Optional):

1. **Personal Information**

## Please choose ONE of the following ($10)

* 𑂽 Verification letter of Graduation
* 𑂽 Confirmation of Enrollment
  + - 〇 Bank/Insurance, Education Plan, Other
    - 〇 Immigration and Study Permit Purposes

## Additional Letters Provided ($25)

* 𑂽 QECO letter
* 𑂽 Required program change (Please indicate your new intended program)
* 𑂽 Program/ Degree audit in a letter format (Required to extend scholarship)
* 𑂽 Other (Please Specify)



1. **Delivery**

# 𑂽 To be **picked up** from student registration 𑂽 To be **email** to:

* 𑂽 To be **faxed** to (Fax number):                                           𑂽 Addressed to:
* 𑂽 To be **mailed** to:

## Student’s Signature:                                                                Date:

