

LETTER CONFIRMING ENROLMENT REQUEST

This form is to be used to request for a letter confirming enrolment at the Faculty of Theology, University of St. Michael's College. Request may take up to 5 business days to process. This form must be completed and signed by the student making the request.

A. Personal Information

Name: _____ Student # _____
(LAST NAME, GIVEN NAME)

Program: _____

Semester Commenced Program: _____ Semester Expected to Complete Program: _____
(e.g., Fall 2006) (e.g., Fall 2009)

Contact Phone Number (day): _____ Email: _____

- B. I require a **Standard Letter** to certify my current registration status: Name of Student, Date of Birth, Student Number, Current Program, Study Status (Full/Part Time), Program Commencement Date and Expected Program Completion Date.

Address letter to (Recipient): *(provide name of institution and its complete address)*

Proceed to Section D if a Standard Letter is sufficient. Otherwise, please complete Section C.

C. (Optional) Other information to include in the letter:

- (for International Students applying for Study Permit Extension)*

Study Permit # _____ Date of Issuance _____ Valid Till _____

- (for International Students applying for re-entry to Canada)*

Study Permit # _____ Date of Issuance _____ Valid Till _____

Departure Date: _____ Return Date: _____

Country of Visit: _____

- (for entry to the States)* Departure Date: _____ Return Date: _____

Purpose of Visit _____ Contact Address & Phone Number while in the States:

- State Time Limit for Completion of the Program

State Program Stage: _____

Other: _____

- D. **Release Instructions (check one only):** please mail letter to the Recipient at the address provided above
 please hold letter for my pick up please mail letter to my address on ROSI

- E. **Authorization:** I hereby authorize the Faculty of Theology, University of St. Michael's College to release the above information to the Recipient of this letter request. I understand that the information is provided based on my actual enrolment record.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Request Received on: _____ Processed on: _____