

# CONFIRMATION REQUEST

LAST NAME		FIRST NAME		INITIAL	ID NUMBER
Email Address				Phone	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)		Country of Citizenship	

Current Division and Program Details					
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Part Time (1 – 11 semester hours) <input type="checkbox"/> Full Time (12+ semester hours)	Current Year of Study	<input type="checkbox"/> First (0 – 26 semester hours completed) <input type="checkbox"/> Second (27 – 56 semester hours completed) <input type="checkbox"/> Third (57 – 89 semester hours completed) <input type="checkbox"/> Fourth (90+ semester hours completed)		
<input type="checkbox"/> Graduate	<input type="checkbox"/> Part Time (1 – 8 semester hours) <input type="checkbox"/> Full Time (9+ semester hours)	Current Year of Study	<input type="checkbox"/> First <input type="checkbox"/> Second		
<input type="checkbox"/> ACTS Seminary	<input type="checkbox"/> Part Time (1 – 8 semester hours) <input type="checkbox"/> Full Time (9+ semester hours)	Current Year of Study	<input type="checkbox"/> First <input type="checkbox"/> Second		
Major		Anticipated Date of Graduation (mm/dd/yyyy)			

<b>Confirm Enrollment for Semester:</b>	<input type="checkbox"/> Fall _____ (year)	<input type="checkbox"/> Spring _____ (year)	<input type="checkbox"/> Summer _____ (year)
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Purpose of Letter, please check ONE (Letters confirm academic school year, enrolment, division and major.)	
<input type="checkbox"/> Confirmation of Registration <input type="checkbox"/> Confirmation of Registration for Study Permit or Visa purpose <input type="checkbox"/> Confirmation of Registration for Health Care Plan Health Care Provider _____ Plan Number _____	<input type="checkbox"/> Confirmation of Registration FORM to be completed. ATTACH FORM (e.g. Registered Education Savings Plan) <input type="checkbox"/> Confirmation of Graduation <input type="checkbox"/> Graduation Invitation <input type="checkbox"/> Custom Letter (additional fees may apply) Please explain:

Delivery Service	
<input type="checkbox"/> Regular letter.....	\$10.00 (2-3 business day service, includes ONE of the following: mail, pickup, email or fax)
<input type="checkbox"/> Regular letter, same day.....	\$35.00 (Same day service, time permitting includes ONE of the following: mail, pickup, email or fax)
<input type="checkbox"/> Custom letter.....	\$25.00 (5 business day service, includes ONE of the following: mail, pickup, email or fax)
<input type="checkbox"/> Confirmation of Graduation.....	\$10.00 (5 business day service, includes ONE of the following: mail, pickup, email or fax)
<input type="checkbox"/> Graduation Invitation.....	\$10.00 (5 business day service, not available until 3 months prior to date of graduation)
<input type="checkbox"/> Additional Copy.....	\$ 5.00
<input type="checkbox"/> Courier Service.....	<input type="checkbox"/> \$12.00 within Canada; <input type="checkbox"/> \$17.00 to USA; <input type="checkbox"/> \$35.00 to International

Delivery Instructions	
<input type="checkbox"/> Pick-up at the Office of the Registrar  <input type="checkbox"/> Email address _____  <input type="checkbox"/> Fax number _____  <input type="checkbox"/> Courier to 'mail to' address _____ <small>Phone number of recipient required</small>	<input type="checkbox"/> Mail to  _____ <small>Name</small>  _____ <small>Address</small>  _____ <small>Address</small>  _____ <small>City Province Postal Code</small>

**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

Total Service Fee \_\_\_\_\_  MasterCard  Visa Card# \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

For Office Use Only						
REG:	NAT:	BD\$:	HLD:	CHG:	Verified:	Date: