

VERIFICATION REQUEST

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

Division: Undergraduate Graduate ACTS Seminary

Degree/Major

Verify Enrolment for Semester: Fall _____ (year) Spring _____ (year) Summer _____ (year)

Verification of Enrolment Letters
Confirms academic school year, enrolment, division, and major.

Verification of Enrolment
 Verification of Enrolment FORM to be completed: ATTACH FORM
 Custom Letter: *Please explain*

Verification of Graduation Letters

Verification of Graduation (*ALL grades must be entered before requesting.)
 Graduation Invitation

Delivery Service Options <i>Includes pick up, email, or mail.</i>	Courier Fees <i>Please select one.</i>
<input type="checkbox"/> Standard (2-5 business days).....\$10 <input type="checkbox"/> Rush (1 business day: some exceptions may apply).....\$35 <input type="checkbox"/> Custom (5 business days).....\$25 <input type="checkbox"/> Additional copies (\$5 each).....\$____	<input type="checkbox"/> \$12.00 within Canada <input type="checkbox"/> \$17.00 to USA <input type="checkbox"/> \$35.00 to International

Delivery Instructions

Pick-up at the Office of the Registrar

Email address _____

Courier to 'mail to' address _____
Phone number of recipient required

Mail to

_____ Name _____

_____ Address _____

_____ Address _____

_____ City _____ Province _____ Postal Code _____

International Students Note: Verification 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

For Office Use Only

REG: _____ NAT: _____ BD\$: _____ HLD: _____ CHG: _____ Verified: _____ Date: _____

Total Service Fee _____ MasterCard Visa Card# _____ Exp _____ / _____

Cardholder Name _____ Cardholder Signature _____
 (must be written signature)