

ENROLLMENT VERIFICATION REQUEST FORM

Submit to huron@uwo.ca or fax to 519.438.3800



Today's Date: _____

Student Number: _____

Name (First, Last): _____ Date of Birth (mm/dd/yy) ____/____/____

Street Address: _____ City: _____ ☐ male ☐ female ☐ unidentified

Province: _____ Postal Code: _____ Phone: _____

UWO email: _____@uwo.ca

Full-Time ☐

Part-Time ☐

PURPOSE OF REQUEST – Please choose one

You have a FORM to be completed by the Registrar to confirm enrollment: 20____ to 20____ academic year

Immigration/Visa Letter Required:

FEEs

☐ Current Term: 20____ to 20____ academic year

Letters/forms are \$10.00 for the first copy, \$5.00 for

☐ Intent to Register completed

each additional. Fax, mail and email are \$3.00.

☐ Past term(s): ____ to ____ academic year(s)

You require an Enrollment Confirmation LETTER:

☐ Current Term: 20____ to 20____ academic year

☐ Intent to Register completed

☐ Past term(s): ____ to ____ academic year(s)

You require a Graduation Letter:

☐ Degree Conferred

☐ Upcoming Graduation: Summer Fall (circle one)

METHOD OF DELIVERY

☐ # Copies held for Pick-up _____

☐ # Copies Mailed to: _____

☐ # Copies Faxed _____

Attention: _____

Fax #: _____

☐ Email to Student's Western email*

1 Statement/Form x \$10	
____Statement/Form x \$5	
Fax/Mail/Email Fee \$3	
Total Amount Payable	

MC/Visa #	
Expiry Date	
Cardholder Name	
Signature	
Amount to Process	

Student Authorization

I hereby authorize Huron University College to release my information.

Student Signature

*please note the Enrollment Verification letter contains

confidential information which could potentially be compromised, just as any email can be. By signing this form, you are confirming that you are willing to assume any risks inherent in using email as the mode of delivery for your letter. We email only to students' Western email accounts.