



Confirmation of Enrolment Form (Domestic)

Office of the Registrar
 University of Northern British Columbia
 3333 University Way, Prince George, BC. V2N 4Z9
Telephone: 250-960-6300 **Facsimile:** 250-960-6330
Email: registrar-info@unbc.ca **World Wide Web:** www.unbc.ca/registrar

Student #		Date of Birth	DD/MM/YYYY
Last Name		Telephone #	- - - - -
First Name		E-mail (UNBC)	@unbc.ca
Middle Name		E-mail (Alternate)	

IMPORTANT INFORMATION

- Please allow 5 to 7 business days for processing. All letters are provided in a standardized format.
- Please ensure that you are registered for the upcoming academic semester/year if you have been admitted to UNBC. See definitions of **Graduate student** status (General Academic Regulations 3 & 4) at <http://www.unbc.ca/calendar/graduate/> and **Undergraduate student** status / classifications (General Academic Regulations 6, 7 & 8) at <http://www.unbc.ca/calendar/undergraduate/>
- For **STUDENT LOANS** please contact Awards & Financial Aid at awards@unbc.ca or www.unbc.ca/finaid
- **INTERNATIONAL STUDENTS** please use the International Confirmation of Enrolment request form.

Fee Paid
<input type="checkbox"/>
\$12.00

PLEASE INDICATE YOUR PROGRAM: _____ Undergraduate Graduate

PLEASE INDICATE THE SEMESTER(S) and YEAR for which you require confirmation of enrolment.

September (Sept. – Dec.) _____ **January** (Jan. – April) _____ **May** (May – Aug.) _____

****Master's/PhD - PLEASE INDICATE WHEN YOU EXPECT TO COMPLETE YOUR PROGRAM** _____

REQUEST

- Confirmation of Enrolment Letter
- Additional Information/Comments

Number of copies _____

- Form (Form must be attached)
- Knowledge First Financial
- CPP/Service Canada
- CST
- Heritage Education Fund
- Other: _____

REQUESTED METHOD OF DELIVERY

PICK UP Note: You must have **picture identification** with you to pick up correspondence. If you want someone else to pick up your correspondence, you must provide **written authorization** (specifying name of individual), and such individual must provide **picture identification**.

FAX the above-requested correspondence to:

Area Code	Fax Number
- - - - -	- - - - -

Name of individual to whom the fax should be addressed

EMAIL (PDF Copy) the above-requested correspondence to:

Email Address

Name of individual to whom the email should be addressed

MAIL the above-requested correspondence to:

Name	
Street Address	
City	Province
Postal Code	Country

INFORMATION RELEASE

Student records are confidential and not released without the written consent of the student, unless required by law. Your signature on this form allows the Office of the Registrar to issue the above-requested information to the party/parties specified above. I have read and understand the above statement.

Signature of Student

Date