



# Confirmation of Graduation Form

**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-credentials@unbc.ca](mailto:registrar-credentials@unbc.ca)  
**World Wide Web:** [www.unbc.ca/registrar](http://www.unbc.ca/registrar)

Student #		Date of Birth	DD/MM/YYYY	
Last Name		Telephone #	-	-
First Name		E-mail (required)	<b>@unbc.ca</b>	

**IMPORTANT INFORMATION**

- Please allow 5 to 7 business days for processing. All confirmation letters are provided in a standardized format.
- See definitions of **Graduate student** full-time or part-time status (General Academic Regulations 3 and 4) at <http://www.unbc.ca/calendar/graduate/> and **Undergraduate student** full-time or part-time status (General Academic Regulations 6 and 7) and year of study classifications (General Academic Regulation 8) at <http://www.unbc.ca/calendar/undergraduate>
- For **STUDENT LOANS** please contact Awards & Financial Aid for confirmations associated with Student Loans at [awards@unbc.ca](mailto:awards@unbc.ca) or [www.unbc.ca/finaid](http://www.unbc.ca/finaid).

**PLEASE INDICATE YOUR PROGRAM:** \_\_\_\_\_  Undergraduate     Graduate

**MAJOR/MINOR(S):** \_\_\_\_\_ (if applicable)

**PLEASE INDICATE THE SEMESTER and YEAR** for which you completed your degree requirements.

- September** (Sept. – Dec.) \_\_\_\_\_  **January** (Jan. – April) \_\_\_\_\_  **May** (May – Aug.) \_\_\_\_\_

**REQUEST**

- Confirmation of Graduation Letter  
 Letter now     Letter after degree completed
- Letter for Post-graduate Work Permit Application  
 (Only Issued after notification from Registrar’s office that all degree requirements have been met)
- International Invitation to Graduation Letter  
 (Indicate individual(s) and relationship to you opposite →)
- Number of copies \_\_\_\_\_

- Other (please specify and attach form, if applicable)  
 \_\_\_\_\_
- Additional Information/Comments  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUESTED METHOD OF DELIVERY**

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

**FAX** the above-requested correspondence to:

Area Code	Fax Number	Name of individual to whom the fax should be addressed
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Email Address	Name of individual to whom the email should be addressed
<input type="text"/>	<input type="text"/>

**MAIL** the above-requested correspondence to:

Name	
Street Address	
City	Province
Postal Code	Country

**INFORMATION RELEASE**

Student records are confidential and are 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**