

Confirmation of Graduation

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

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

IMPORTANT INFORMATION

- Please allow 5 to 7 business days for processing. Additional processing time may be required if you are requesting during peak graduation/convocation times (April-June).
- All confirmation letters are provided in a standardized format.
- For **STUDENT LOANS** please contact Awards & Financial Aid at awards@unbc.ca or www.unbc.ca/finaid.

For Registrar's Office Use Only

Date Received Stamp

PLEASE INDICATE YOUR PROGRAM: _____ Undergraduate Graduate

MAJOR/MINOR(S): _____ (if applicable)

PLEASE INDICATE THE SEMESTER and YEAR in 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: You must have **picture identification** for pick up. If you wish to have someone else pick up your correspondence, you must provide **written authorization** (specifying the name of the individual). 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

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/State
Postal Code	Country

INFORMATION RELEASE. Student records are confidential and not released without written consent, 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. I have read and understand this statement.

Signature of Student

Date