



Confirmation of Enrolment Form INTERNATIONAL

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	
Last Name		Telephone #	
First Name		E-mail (UNBC)	@unbc.ca
Middle Name		E-mail (alternate)	

IMPORTANT INFORMATION

- Please allow 7 to 10 business days for processing. All letters are provided in a standardized format.
- Please ensure that you are registered for the current or upcoming academic semester/year.
- See **Graduate student** status definitions (General Academic Regulations 3 & 4) at <http://www.unbc.ca/calendar/graduate> and **Undergraduate student** status and 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

Fee Paid
<input style="width: 30px; height: 20px;" type="checkbox"/>
\$12.00

CURRENT MAILING ADDRESS

Check here to allow this address to be updated if required

CURRENT RESIDENTIAL ADDRESS (If different from mailing)

PLEASE INDICATE YOUR PROGRAM: _____ ELS Undergraduate Graduate

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

September (Sept.-Dec.) _____ January (Jan.-April) _____ May (May-August) _____

PLEASE INDICATE WHEN YOU EXPECT TO COMPLETE YOUR PROGRAM _____

REQUEST (Schedule Invoice & Advising transcript provided)

- Letter for Citizenship & Immigration Canada (CIC)
Apply/Renew Entry VISA; Apply/Renew Study Permit;
Apply for SIN number
- Letter to Renew Passport
- Letter to Apply for/Renew Sponsorship
- Letter of Invitation (To invite family member to visit)
[Indicate names and relationship to you in comments →]

Number of copies requested _____

- Other (please specify): _____
- Additional Information/Comments

METHOD OF DELIVERY

EMAIL (PDF Copy) Correspondence will be emailed to your UNBC email account. You may also specify an alternate email address:

Alternate Email Address:

Name of individual to whom the email should be addressed

PICK UP Note: You must have **picture identification** to pick up correspondence. If you wish to have someone else pick up your correspondence, 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

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Name of individual to whom the fax should be addressed

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** _____