

Confirmation of Enrolment DOMESTIC

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: studentinfo@unbc.ca **Web:** www.unbc.ca/registrar

Student #								Birthdate	D	D	-	M	M	-	Y	Y	Y	Y	
Last Name								Phone #											
First Name								E-mail (UNBC)	@unbc.ca										

IMPORTANT INFORMATION

- Letters are provided in standardized format. Please allow 5-7 business days for processing.
- 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

- Graduate students must be registered in a minimum of 6 credit hours to be considered full-time.
- Undergraduate students must be registered in a minimum of 9 credit hours to be considered full-time.

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

*** PLEASE ENSURE YOU ARE REGISTERED IN THESE SEMESTERS****

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

PLEASE INDICATE WHEN YOU EXPECT TO COMPLETE YOUR PROGRAM _____

REQUEST

- | | |
|---|---|
| <input type="checkbox"/> Confirmation of Enrolment Letter
<input type="checkbox"/> Additional Information/Comments

Number of copies _____ | <input type="checkbox"/> Form (Form must be attached)
<input type="checkbox"/> Knowledge First Financial
<input type="checkbox"/> CPP/Service Canada
<input type="checkbox"/> CST
<input type="checkbox"/> Heritage Education Fund
<input type="checkbox"/> Other: _____ |
|---|---|

<i>For Registrar's Office Use Only</i>
<i>Date Received Stamp</i>

REQUESTED METHOD OF DELIVERY

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

FAX the above-requested correspondence to:

Area Code				-				Fax Number				-			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of individual to whom the fax should be addressed

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

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 requested information to the party/parties specified. I have read and understand this statement.

Signature of Student

Date