

Confirmation of Enrolment INTERNATIONAL

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

IMPORTANT INFORMATION

- Letters are provided in a standardized format Please allow 7 to 10 business days for processing.
- For **STUDENT LOANS** please contact Awards & Financial Aid at awards@unbc.ca or www.unbc.ca/finaid

\$12 Fee Paid
<input type="checkbox"/>

CURRENT MAILING / RESIDENTIAL ADDRESS

Check here to allow this address to be updated if required

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

PLEASE INDICATE YOUR PROGRAM: _____ ELS 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-August) _____

PLEASE INDICATE WHEN YOU EXPECT TO COMPLETE YOUR PROGRAM _____

REQUEST (Schedule Invoice & Unofficial 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: 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

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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 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** _____