



CONFIRMATION OF ENROLMENT REQUEST

PLEASE PRINT

Name _____ Student ID No. _____
First Middle Last

Address _____ Phone No. _____
PO Box/Street No. Town Postal Code

Program of Studies _____ Year 1 2 3 4

Confirmation of Enrolment for the _____ academic year. Term(s) Fall Winter Spring Summer

Will be available within three business days Mail Pick-Up

Comments _____

Student Email

Student Signature

Date

