To whom it may concern,

This letter is to provide confirmation that the named student has provided the University College of the North (UCN) notification of their intent to register in classes for the noted upcoming academic year and term.

Although the student has informed UCN of their intent to return for the noted year/term, should further confirmation be required the student may request “Confirmation of Enrolment” once the term is in session.

|  |  |  |  |
| --- | --- | --- | --- |
| University College of the North Online Registration Periods | | | |
| Summer Term | May 29 – June 25, 2023 | Winter Term | Nov. 6, 2023 – Jan. 2, 2024 |
| Fall Term | July 4 – Sept. 5, 2023 | Spring Term | April 2 – April 21, 2024 |

Office of the Registrar

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**I will be returning to continue my studies in** (circle one) FALL WINTER SPRING SUMMER Year 1 2 3 4 5

Check delivery method: On-campus/PS Access Centre Regular Workplace Model Co-op Modular

Full-Time Part-Time Campus or Post-Secondary Access Centre Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Faculty |  | Program |  | UCN Student ID |
| Major |  | Minor |  |

|  |
| --- |
| NAME  *First Middle Last* |
|
|
| **PERMANENT HOME MAILING ADDRESS** |
|  |
| *Box No. or Street Town Postal Code* |
| *Phone No. Cell No. @myucn.ca email* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | | | | |
| 2023 – 2024 Academic Year - Program Dates | | | | | | |
| Start Date |  | | End Date | |  | |
| Authorized Signature | |  | |  | Date |  |
|  | |  | |  |  |  |
| **Eligibility to continue is dependent on Academic Performance. See section 6 in UCN’s Academic Calendar.** | | | | | | |