

ENROLLMENT VERIFICATION REQUEST FORM

Submit completed form to huron@	uwo.ca		
Today's Date:	ate: Student Num		
Name: (First, Last)			
Date of Birth: (mm/dd/yy)			
Street Address:			
Province:	Postal Code:	Phone:	
UWO Email:	@uwo.ca	Full-Time	Part-Time
YOU REQUIRE AN ENROLMENT Domestic students can request their Student Centre>Documentation>Off PURPOSE OF REQUEST - PI	Verification of Enrolme ficial Western letters.		PP PURPUSES:
You have a FORM to be complete	ed by the Registrar's Off	ice for the to	academic year.
IMMIGRATION/VISA LETTER REQUIRED: Current term		ORDER DETAILS	
Past terms: to	_ academic years	1 letter/form	
YOU REQUIRE A LETTER FO Please email the request from th along with this form	mail the request from the CPA		
YOU REQUIRE A GRADUATION	ON LETTER:		
Degree Conferred			
Upcoming Graduation: S	Summer Fall		
METHOD OF DELIVERY			
Copies held for pick-up:			
Copies mailed to:			
Email to Student's Western emai	l:		
STUDENT AUTHORIZATION			

I hereby authorize Huron University College to release my information. Signature: