



Request for Confirmation of Enrolment

Letter for International Students (Undergraduate)

Please complete all areas of this form as indicated. Completed forms can be submitted to the Office of the Registrar (A-2003) or emailed to enrolsrv@mun.ca. Letters will be prepared as soon as possible following the submission of request – normally within 2 business days.

NOTE: This is to request a verification of study status for the purposes of renewing a Study Permit only. Verifications of Enrolment for the purposes of applying for health coverage under the Newfoundland Medical Care Plan (MCP) can be requested through Memorial Self-Service.

FIRST NAME: _____ LAST NAME: _____

STUDENT NUMBER: _____

PROGRAM OF STUDY (Degree & Major): _____

SCHEDULED COMPLETION DATE (Indicate Year):

- Fall Semester _____ Winter Semester _____ Spring Semester _____

SCHEDULED GRADUATION DATE (Indicate Year):

- May Convocation _____ October Convocation _____

SPECIAL REQUIREMENTS FOR LETTER:

Please indicate how you wish to receive this letter (select one):

- Pick-up from the Office of the Registrar (A-2003)
- Email (Provide @mun.ca email account): _____@mun.ca
- Mail (Provide mailing address):

Access to Information and Protection of Privacy - The information on this form is collected under the authority of the *Memorial University Act (RSNL 1990 Chapter —7)* and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information contact the Associate Registrar, Registration and Enrolment Services at (709) 864-8260.

SIGNATURE: _____

DATE: _____