



OFFICE OF THE REGISTRAR

## Confirmation of Enrolment/Attendance/Credential

**Processing Time:** Approximately two business days.

**Fee:** \$15 per letter. \$2 for each additional letter requested on the same day.

Inquiries can be directed to [registrar@mun.ca](mailto:registrar@mun.ca) or 709 864 4445.

### Student Information

MUN Student ID Number	First (Given) Name	Last (Family) Name
Program ( <b>Note:</b> Graduate students request enrolment verification through <a href="mailto:sgs@mun.ca">sgs@mun.ca</a> )		
Telephone	@mun.ca email	

### Confirmation of Enrolment Letter Requirements (not required for attendance or credential verification)

Special requirements for letter:

### Delivery Options

Choose one of the following:

- Pick Up** (Photo ID will be required. If someone else will pick up your education confirmation, name that person as the Recipient below.)
- Email** (Sent to @mun.ca email address listed above.)
- Mail** (Confirm mailing address below.)

Recipient Name	Recipient Telephone (required if mailing outside of Canada / U.S.)
Address (P.O. Box numbers are not acceptable for addresses if you're requesting shipping outside Canada or the USA)	
City, Province/State, Postal/Zip Code, Country	

### Authorization

Student Signature	Date (Month/Day/Year)
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**Personal Information and Protection of Privacy:** The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 c M-7). It is needed for, and will be used to update, your student record. If you have questions about the collection and use of this information, contact the Associate Registrar, Registration and Enrolment Services at 709 864 4445.

### Method of Payment

Memorial University offers students a variety of payment methods. Each methods is described in detail by [Financial and Administrative Services](#). Questions regarding methods of payment should be directed to [cashiers@mun.ca](mailto:cashiers@mun.ca).

Credit Card (choose one):	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card Number	Expiry Date (MM/YYYY)
Name on Card	Signature

### For Office Use Only

FOAPAL: 100001 46201 51969 4102

\_\_\_\_\_ letters. \$15 for first letter, \$2 for each additional letter = \$\_\_\_\_\_

Cashier's Stamp