

ENROLLMENT VERIFICATION REQUEST FORM

Submit completed form to huron@	[®] uwo.ca	
Today's Date:	Studen	t Number:
Name: (First, Last)		
Date of Birth: (mm/dd/yy)		
Street Address:		
		Phone:
UWO Email:	@uwo.ca	Full-Time Part-Time
PURPOSE OF REQUEST - P	lease choose one	
You have a document (electronic for the to acaden		oleted by the Registrar's Office
IMMIGRATION/VISA LETTER Current term Past terms: to	_	THER:
YOU REQUIRE AN ENROLME CONFIRMATION LETTER FO NOTE: Domestic students can reverification of Enrolment letter of Center under the View and Order Order Official Western Letter or request form.	R RESP equest their via your Student er Documents tile >	
YOU ARE A BMOS 2+2 ACCOSTUDENT REQUIRING A LETPlease email the request from Calong with this form YOU REQUIRE A GRADUATION Degree Conferred	TTER FOR CPA:	STUDENT AUTHORIZATION I hereby authorize Huron University College to release my information.
Degree ConferredUpcoming Graduation: ()	Summer	Signature:
METHOD OF DELIVERY		
Copies held for pick-up:		
Email to Student's Western ema	nil:	