



Request for a Letter(s) Confirming Registration

Please allow five business days for letter(s) to be processed.

Section 1: To be completed by the student:

Name:	Student Number:
Degree:	Graduate Unit (Department, Institute, Centre, Faculty):
Contact Info.(Phone/Email):	Number of Copies Requested:
Pick Letter Up at 63 St. George Street: Yes No *	
* If no, student address letter is to be mailed (if applicable):	
Indicate which session(s) you are currently registered in and need to have confirmed: Fall (Sept. to Dec.) <input type="checkbox"/> Winter (Jan. to Apr.) <input type="checkbox"/> Summer (May to Aug.) <input type="checkbox"/> Year: _____	
We will confirm your registration and the above information. Also, indicate below if you want the following information recorded in your letter:	
<input type="checkbox"/> Supervisor: <input type="checkbox"/> Program Start Date: <input type="checkbox"/> Expected Date of Completion, indicate month/year: <input type="checkbox"/> Fees Have Been Paid, indicate amount: \$ <input type="checkbox"/> Time Limit for Completion of the Program, indicate year: <input type="checkbox"/> For this academic year, I certify that I am supported by scholarship, fellowships, research, or teaching money, indicate estimated amount: \$ <input type="checkbox"/> Other (specify):	
I hereby authorize the University of Toronto to release the above information. **	
** Student's Signature:	Date:

Section 2: To be Completed by the School of Graduate Studies

Date Processed:	Date Mailed:
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