

LETTER REQUEST FORM

Last name: _____ First name: _____ Student number: _____

Email: _____ Date submitted: _____ Signature: _____

Confirmation of Registration

- I am eligible to register for the next academic session
- I am enrolled in courses for the next academic session
- I am registered as a full time / part time student for the current Fall / Winter / Summer session
- I have courses that were not used toward my degree (QECCO)
- I am a current BBA Co-op student in good standing for the Institute of Chartered Accountancy of Ontario registration
- Other (requires approval from the Registrar's Office):

Graduation

I have requested graduation on ROSI/ACORN for the June / November 20____ ceremony (circle one) and require a letter to confirm that I am/will be eligible to graduate (choose one of the following):

- For my parents so they may secure travel documentation in order to attend my ceremony
- To present at port of entry when returning to Canada for my convocation (I will be returning home after my final exams)
- Even though my courses are currently in progress
- Even though I am not currently registered, but have completed all courses in a previous session
- Once final grades for my current courses are available on ACORN

NOTE: U of T alumni can request a Certification of Degree letter through the Office of Convocation at: www.convocation.utoronto.ca under the menu option "Your Diploma".

Method of Delivery:

- Email an electronic copy to my U of T email address as listed on ROSI/ACORN
- Pick up at a later date (Please call to confirm if your letter is ready. Letters held for more than 3 months will be destroyed at your expense)
- Send to my mailing address on ROSI/ACORN (NOTE: it is your responsibility to update your *mailing address* online BEFORE you select this option so that it is mailed to the correct address. If the address is incorrect, a new letter will only be produced & mailed for an additional \$8 fee)
- I authorize to have my letter sent to the following third party: Student signature: _____
Name of contact person: _____
Email address to send to: _____
AND/OR Mailing address: _____

Payment: \$8 non-refundable fee.

Select your method of payment:

- Pay in person. *Cash, Interac, Visa, MasterCard, and Amex accepted.*
- If faxing, mailing, or emailing this form, you must include:

Credit card number: _____ Expiry date: _____ CVC#: _____

Cardholder Name: _____ Cardholder Signature: _____