



FILL IN THIS FORM DIGITALLY, SAVE A COPY TO YOUR COMPUTER, AND PRINT A COPY FOR SUBMISSION.

SFU student number _____

Surname _____

Given names _____

Confirmation required for:

Fall Spring Summer Other _____

Is this your first degree? Yes No

Purpose of letter confirming your enrollment:

If you would like your letter mailed, please provide a complete mailing address:

PLEASE ALLOW FIVE WORKING DAYS FOR PROCESSING

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The information on this form is collected under the authority of the University Act (RSBC 1996 c.468 s.27[4a]). This information is needed, and will be used, to update the student's record. If you have any questions about the collection and use of this information contact the Associate Registrar, Information, Records and Registration, 778.782.3296.

Signature _____ Date _____