

Request for a Letter(s) Confirming Registration

Please submit this form to graduate.information@utoronto.ca and allow five business days for letter(s) to be processed.

Section 1: To be completed by the stude	nt:		
Name:		Student Number:	
Degree:		Graduate Unit (Department, Institute, Centre, Fac	ulty):
Contact Information (Phone/Email):		Number of Copies Requested:	
Pick Letter Up at 63 St. George Street:	Yes No *		
* If no, indicate address letter is to be mailed or e	emailed:		
Indicate which session(s) you are currently regis Fall (Sep to Dec) Year:	stered in and need to have confirme Winter (Jan to Apr)	ed: Summer (May to Aug)	
We will confirm your registration and the above i letter:	nformation. Also, indicate below if y	ou want the following information recorded in your	
Supervisor:			
Program Start Date:			
Expected Date of Completion (indi	cate month/year):		
Fees Paid (indicate amount):			
Time Limit for Completion of the P	rogram (indicate year):		
For this academic year, I confirm to assistantships. Indicate estimated	hat I am supported by scholars total amount:	hips, fellowships, research assistantships, or	teaching
Other (specify):			
I hereby authorize the University of Toronto t	to release the above information.	**	
** Student's Signature:		Date:	
Section 2: To be Completed by the School	ol of Graduate Studies		
Date Processed:		Date Mailed or Emailed:	

Freedom of Information and Protection of Privacy Act: https://www.acorn.utoronto.ca/fippa.php