

Faculty of Business
Graduate Programs Office

500 Glenridge Ave. St. Catharines, ON, L2S 3A1 Phone: (905) 688.5550 Ext. 4156

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https://portal.bus.brocku.ca/

## **GENERAL REQUEST FORM**

Please note that the letter will be ready in  $\, {\it 5 \, Working \, Days} \,$  after submission.

STUDENT INFORMATION		
Student ID	Name (First Name)	(Family Name)
Program Enrolled		
Date of Birth (MM/DD/YYYY)		Gender
Telephone		
REQUEST INFORMATION		
I would like to request the following lo	etter:	
Confirmation of Enrolm	ent Reason:	
Confirmation of Degree Completion		
Commination of Degree	completion	Or, please specify:
Other (please explain)		
DELIVERY METHOD		
Hold for pick-up (TA 461)		
Mail to addressee below (ONLY for part-time or students doing co-op outside St. Catharines)		
Mailing Address:		,
City, Province:		Postal Code:
DECLARATION  By signing below, I authorize the Graduate Programs Office, Faculty of Business at Brock University to discuss my enrollment status with the parties in the event that they contact the office to verify the information in the letter(s).		
Signature		Date
OFFICE USE ONLY		
Start:	Co-op:	
End:	Graduation:	Tuition:
Note:		