



Brock University

Graduate Programs Office

500 Glenridge Ave.
St. Catharines, ON, L2S 3A1
Phone: (905) 688.5550 Ext. 4156
Fax: (905) 688.4286
https://portal.bus.brocku.ca/

GENERAL REQUEST FORM

Please pick up in GSB 341 after you have been informed your letter is complete

STUDENT INFORMATION

Student ID \_\_\_\_\_ Name \_\_\_\_\_ (First Name/Given Name) \_\_\_\_\_ (Last Name/Family Name) \_\_\_\_\_
Program Enrolled (please circle MBA MBA (ISP) MAcc MPAcc(ISP) MSc PMPCP(Business) CAS
Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F
Telephone \_\_\_\_\_
Co-op Student  Yes  No Pursuing/on co-op workterm  Yes  No
Expected / Actual work term from \_\_\_\_\_ to \_\_\_\_\_

REQUEST INFORMATION

I would like to request the following letter:

Confirmation of Enrolment Reason:  Study Permit Extension
 Confirmation of Degree Completion  Entry Visa Renewal
 Other (please explain) \_\_\_\_\_  Social Insurance Number (SIN) Application
OR, please specify: \_\_\_\_\_

DELIVERY METHOD - Please note e-copies will only be issued in exceptional cases

Hold for pick-up (GSB 341)
 Mail to addressee below (ONLY for part-time or students doing co-op outside St. Catharines)
Mailing Address: \_\_\_\_\_
(if applicable) \_\_\_\_\_
City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

DECLARATION

By signing below, I authorize the Graduate Programs Office, Goodman School 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), and I confirm that if I am requesting a completion letter that I am not currently pursuing a possible co-op work term.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

Start: \_\_\_\_\_ Co-op: \_\_\_\_\_
End: \_\_\_\_\_ Graduation: \_\_\_\_\_ Tuition: \_\_\_\_\_
Note: \_\_\_\_\_

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Direct any questions about this collection to the Director, of the Graduate Programs Office, Goodman School of Business at Brock University at (905)688-5550 ext 4156 or see http://www.brocku.ca/business/