

## Confirmation of Enrolment Request Form

Complete this form if you need an official letter from Briercrest College and Seminary confirming your student status. There is currently no fee for this request. Please allow 5 business days for processing. If the organization needing this confirmation has provided you with a document outlining the details they require, please attach it to this form. Should you require confirmation of enrolment for the National Student Loans Service Center, please do not use this form. Go to [www.canlearn.ca](http://www.canlearn.ca) for a Schedule 2 Form.

STUDENT INFORMATION & REQUEST DETAILS		
<i>Last Name</i>	<i>First Name</i>	<i>Last 4 Digits of Student ID</i>
<i>Contact (email or phone number)</i>		
<i>Purpose of letter confirming your enrolment</i>		<input type="checkbox"/> I am an international student
<i>Please check the period of study to be confirmed:</i> <input type="checkbox"/> Sept 20__ - Apr, 20__ <input type="checkbox"/> Jan - Apr, 20__ <input type="checkbox"/> Sept - Dec, 20__ <input type="checkbox"/> Other:		
<i>The dated letter will consist of the following:</i> <ul style="list-style-type: none"><li>- your name</li><li>- your Briercrest student ID number</li><li>- your enrolment status*</li><li>- the start and end date of the period of study specified above</li><li>- year of study</li><li>- your declared program</li></ul> <i>*full time status is 12 credit hours per semester in college; 9 credit hours per semester in seminary.</i>	<i>If you require any extra information to be added to the letter, please indicate this here:</i>	
PICK UP/DELIVERY OPTIONS		
<input type="checkbox"/> I will pick up __ copy/copies from Academic Services		
<input type="checkbox"/> Email a PDF copy of letter to:		
<input type="checkbox"/> Fax: (    )    -    Attention:		
<input type="checkbox"/> Mail __ copy/copies to the following address (please include name of addressee and full mailing address):		

I provide consent to the Registrar's Office to release my post-secondary information as requested above.

<b>Student Signature:</b>	<b>Date:</b>
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Return completed form to:

Mail to:

Briercrest College and Seminary  
Academic Services  
510 College Drive  
Caronport, SK S0H 0S0

Fax: 306-912-7862

Email: [academicservices@briercrest.ca](mailto:academicservices@briercrest.ca)

<i>OFFICE USE ONLY</i>	<i>Date rec'd:</i>	<i>Date processed:</i>	<i>Initial:</i>
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