**2017 EDUCATIONAL INSTITUTION CONFIRMATION OF ATTENDANCE**

**4**

***SECTION ONE – TO BE COMPLETED BY THE STUDENT***

Name:

Address:

Telephone: Email:

Date of Birth: SIN: - -

 (yyyy/mm/dd)

***SECTION TWO – TO BE COMPLETED BY EDUCATIONAL INSTITUTION AFTER CLASSES HAVE BEGUN***

Name of Education Institution:

Term Student is Enrolled for: 🞏 Fall 🞏 Winter 🞏 Spring/Summer 🞏 Distance Ed/Online

First day of studies for this semester: (mm/dd/yyyy)

Last day of studies for this semester: (mm/dd/yyyy)

Total number of courses taken this semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of credit hours taken this semester: \_\_\_\_\_\_

🞏 Undergraduate 🞏 Graduate (Masters/Seminary) 🞏 Post Graduate (Doctorate)

Total Amount of Tuition Costs for this semester: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(tuition costs only)

Name of Authorized Person (please print):

Title of Authorized Person:

Signature:

Date: Contact number:

 (mm/dd/yyyy)

Contact email:

 (please print)

***PLEASE INCLUDE THIS COMPLETED FORM WITH APPLICATION PACKAGE***

***DEADLINES:***

***OCT 15 FOR SUMMER AND/OR FALL SEMESTER***

***FEB 15 FOR WINTER SEMESTER***