



**STUDENT INFORMATION:**

Surname:	Given Name(s):
Student No.:	Previous Name (If applicable):
Daytime Phone No.:	U of T Email Only:

**GRADUATION INFORMATION:**

Select Month: <input type="checkbox"/> June <input type="checkbox"/> November	Indicate Year: _____	Indicate Degree: _____
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Please select one of the letter options:

1. <input type="checkbox"/> <b>Intent to Graduate</b> – confirms that you have submitted a graduation request. This letter <u>does not</u> confirm your eligibility to graduate. [Processing time: 1 to 2 business days]
2. <input type="checkbox"/> <b>Eligibility to Graduate</b> – verifies that you have or will satisfy all of your degree and program requirements, although you have not yet officially graduated until your Convocation has taken place. Please select one of the following choices: a. <input type="checkbox"/> Process letter even though my courses are currently in progress. [Processing time: At least 5 business days] b. <input type="checkbox"/> Process as soon as final grades for my current course(s) are available on ROSI. [Processing time: 2 weeks after exam period] <i>Note: Unresolved academic offence in a course will result in the grade being withheld pending review (GWR). The GWR notation will be noted in the letter.</i>
3. <input type="checkbox"/> <b>Certification of Degree</b> – confirms you have graduated only after your Convocation has taken place. [Processing time: 1 to 2 business days]

**RELEASE INFORMATION: (Please select one)**

<input type="checkbox"/> <b>PICK UP at the UTM Office of the Registrar</b> (Letters will be held for six months from ready date, and will then be destroyed. No refunds will be issued).
<input type="checkbox"/> <b>MAIL TO:</b> Recipient's Name: _____ Company (if applicable): _____ Street Address: _____ Suite #: _____ City/Town: _____ Province/State: _____ Postal/Zip Code: _____ Country: _____ Do you wish to receive an email notification when letter is ready for pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No If you wish to have the letter faxed in addition to mail/pickup, please specify: Name: _____ Fax #: _____

**PAYMENT INFORMATION:**

Please note that all fees are non-refundable and non-transferable. The fee for the first letter is \$8. Additional letter copies are \$4 each.	First letter at \$8.....\$ 8 Include ___ additional letter copies at \$4 each .....\$ _____ <b>TOTAL PAYMENT \$ _____</b>
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<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Complete this section only if faxing/mailing this form to our office: Card Number: _____ CVV/CVC Code: _____ Expiry Date [MM/YY]: ____ / ____	I authorize the UTM Office of the Registrar to charge my credit card account the above total payment for my letter(s). Name of Cardholder: _____ Cardholder's Signature: _____ Date: _____
<input type="checkbox"/> Debit (Payment in person only)	

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

University of Toronto respects personal privacy. Personal information that is provided on this form is used by the University to verify effects of extenuating circumstances on your capabilities and necessary related purposes. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please contact your campus administrator.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form along with payment to the Office of the Registrar, University of Toronto Mississauga.  
3359 Mississauga Road, Innovation Complex, Room 1235, Mississauga, ON, L5L 1C6 - Tel.: 905.828.5399 / Fax: 905.569.4301

**FOR OFFICE USE ONLY**

Grad. Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Holds: <input type="checkbox"/> No <input type="checkbox"/> Yes	Received By: _____ on _____	Amount Paid: \$ _____
Academic Status: <input type="checkbox"/> Good Standing <input type="checkbox"/> PROB <input type="checkbox"/> SUSP	Arrears: <input type="checkbox"/> No <input type="checkbox"/> Yes	Processed By: _____ on _____	<input type="checkbox"/> Emailed Student
		<input type="checkbox"/> Sent emailed to Dept. on _____	Revised May 2016