Brock University

Office of the Registrar
500 Glenridge Ave.
St. Catharines ON L2S 3A1
T: 905.688.5550 F: 905-988-5488
www.brocku.ca/registrar

General Request Form

NOTE: *Information available on-line at *www.brocku.ca/registrar* Click on Student Self-Service.

STUDENT INFORMATION

Name:

___|___|___|___|___|___|___|
BROCK STUDENT ID NUMBER

☐ Mr. ☐ Mrs.
☐ Ms. ☐ Miss

Email:

Telephone No.
__|__|__|-__|__|__|-__|__|__|__|

***Degree Sought** *(i.e. BA, BSc):*

***Degree class sought** ☐ Honours ☐ 4 Year ☐ 3 Year

***Major:**

***Overall Average**

***Accumulated earned Brock credits to date:**

Student Signature:

REQUEST INFORMATION

I would like to request the following:

☐ Confirmation of enrolment for RESP
Year *(current used if left blank):* _____

☐ Confirmation of enrolment - **Session:** ☐ Fall/Winter ☐ Spring ☐ Summer
Year *(current used if left blank):* _____

☐ Eligibility to continue studies: **Session:** ☐ Fall/Winter ☐ Spring ☐ Summer
Year *(current used if left blank):* _____

☐ Eligibility to graduate - ☐ Spring ceremony ☐ Fall ceremony

☐ Confirmation of graduation

☐ Visa extension

☐ QECO letter

☐ Duplicate / Replacement Diploma
**requires telephone number and courier service for mailings outside of Canada*

☐ Other (please explain):

This letter to be mailed to:

Name

Street:

City: **Province:** **Postal Code:**

Fax number: *(if applicable)* |__|__|__|-|__|__|__|-|__|__|__|__|

DELIVERY INFORMATION

Request options:

☐ Hold for grades *(circle applicable term)*
Fall Winter Spring Summer

Delivery method:

☐ Mail to addressee listed
(under "Request Information")
(☐ or courier, extra fee applies)

☐ Fax to number listed
(under "Request Information")

☐ Hold for pick-up

☐ Mail to the following alternate address:
(☐ or courier, extra fee applies)

Comments/additional instructions
(use back of form if necessary):

PAYMENT INFORMATION

Method of Payment ☐ **Cash** ☐ **Cheque** ☐ **Debit Card** ☐ **VISA** ☐ **MasterCard**

Credit Card No. | | | | | | | | | | | | | | | | **Expiry Date (MM/YY)** | | | | |

Signature of Card Holder: **Date** (MM/DD/YY):

OFFICE USE ONLY

VERIFIED BY:

Protection of Privacy: The information gathered on this form is collected under the authority of the Brock University Act, 1964. The information is used for the academic, administrative and statistical purposes of the University. This information is protected and is being collected in accordance with the Freedom of Information and Protection of Privacy Act. Questions regarding the collection or use of this personal information should be directed to the University Registrar at Brock University in ST 301, or at 905-688-5550, ext. 3430 or see www.brocku.ca/registrar.