



Date Received
Office Use Only

Confirmation of Enrolment

Registrar's Office

222 St. Patrick Street Toronto, ON M5T 1V4

regoffice@michener.ca | 1 (416) 596-3117 or 1 (800) 387-9066

Confirmation of Enrolment letters are produced within three business days of payment being received. Students will be notified by email when the letter is ready for pickup OR has been sent. Archival searches may be necessary and will require additional time to process.

Student records are confidential. Confirmation letters are only issued when requested through written authorization by the student. Note: Confirmation of Enrolment letters will not be released to students who have financial holds on their records.

STUDENT ID: _____		DATE OF BIRTH:		MM	DD	YYYY
NAME AND ADDRESS (Please Print Clearly)						
LAST NAME		PREVIOUS LAST NAME		FIRST NAME		MIDDLE NAME
ADDRESS				CITY OR TOWN		PROVINCE
POSTAL CODE		TELEPHONE		EMAIL ADDRESS		COUNTRY
Update my mailing address to the above: Yes <input type="checkbox"/> No <input type="checkbox"/>			Number of Copies: \$12.00 Each _____			
Customized letters: <input type="checkbox"/> Include Tuition Fees <input type="checkbox"/> Other (specify details of your request below) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				Program Name: _____ Academic Year: 2018/2019 <input type="checkbox"/> 2019/2020 <input type="checkbox"/>		
Please select ONE of the following options: Pick Up <input type="checkbox"/> Mail Out <input type="checkbox"/> Courier (No PO Boxes)* <input type="checkbox"/> Email (PDF) <input type="checkbox"/>						
*Courier charges: \$10 in Canada, \$25 in US, \$50 International						
MAILING ADDRESS (if different from above)				TOTAL AMOUNT: \$ _____		
ATTN:				ADDRESS		
DEPT:				CITY/TOWN	COUNTRY	PROVINCE POSTAL CODE
PAYMENT METHOD						
Credit Card						
<input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard						
		<div style="display: flex; justify-content: space-between;"> XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX </div>			EXPIRY DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
_____ Cardholder Signature		_____ Cardholder Name (Please Print)			_____ Date	
Other Payment Methods:						
<input type="checkbox"/> Cash (in person only)		<input type="checkbox"/> Debit Card (in person only)		<input type="checkbox"/> Money Order		<input type="checkbox"/> Certified Cheque (personal cheques are not accepted)
AUTHORIZATION AND DECLARATION: I certify that the information contained herein and in the supporting documents is true, correct, and complete.						
Student Signature: _____					Date: _____	
Processed By: _____					Date: _____	

The information on this form is collected under the authority of the Michener Institute of Education at UHN and will be protected and used in compliance with the Ontario Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31. Student information held by the Michener Institute of Education at UHN may be used for administrative and statistical purposes of the Institute and/or the ministries and agencies of the Government of Ontario and the Government of Canada.