



Date Received
Office Use Only

Confirmation of Program Completion

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 Program Completion 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 Program Completion 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 -		Confirmation of Program Completion <input type="checkbox"/>		Confirmation of Graduation <input type="checkbox"/>
Customized letters: <input type="checkbox"/> Other (specify details of your request below) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>				Program Name: _____ Last Year Attended: _____		
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"/> <small>*Courier charges: \$10 in Canada, \$25 in US, \$50 International</small>						
MAILING ADDRESS (if different from above)				TOTAL AMOUNT: \$ _____		
ATTN:				ADDRESS		
DEPT:				CITY/TOWN	COUNTRY	PROVINCE
PAYMENT METHOD						
Credit Card						
<input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard						
<div style="border: 1px solid black; display: flex; justify-content: space-between;"> [Card Number] EXPIRY DATE </div>						
_____ 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: _____ Registrar's Office Signature					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.