

Letter Request Form

Registrar's Office Halifax NS B3M 2J6 902.457.6117 FAX 902.457.6498 registration@msvu.ca

Please complete the form in full and return to the Registrar's Office. Allow five or more business days for processing.

Pers	onal Information					
 Stud	lent ID# Last Name	e		First Name(s)		
 Apar	tment/Street		Town/City	Province	Postal Code	
 Prog	ram of Study () Phone Nu	mber	Mount Email Addre	ss		
Туре	of Request					
	Confirmation of enrollment					
	Confirmation of eligibility to graduate					
<u> </u>	Confirmation of eligibility to graduate for <i>Nova Scotia Teacher Certification</i> . (An official transcript noting eligibility to graduate. Please note that email is not a delivery option.)					
	Confirmation of eligibility to graduate for Teacher Certification (for provinces other than Nova Scotia)					
	Confirmation that graduation has occurred					
	Potential eligibility to graduate (upon completion of current courses)					
<u> </u>	Visa Letter (please specify) □ Extension/Renewal of Permit □ Temporary Resident Visa □ Other (please provide details below)					
۵	Other (please provide details	of request)				
Num	ber of Copies					
Dest	ination					
	I will pick up this letter					
	Email this letter to the followi	ng address				
	Mail this letter to the followin	g address				
<u> </u>	Fax this letter to (charges ma	y apply)	()			
I, the	e undersigned, authorize the rel	lease of this let	ter to the individual or er	ntity requested above.		
 Date	.		 Studer	nt Signature		