



NIPISSING

UNIVERSITY
 100 College Drive Box 5002 North Bay ON P1B 8L7
 Phone: (705) 474-3450 ext. 4520 Fax: (705) 495-1772
 E-mail: registrar@nipissingu.ca

Letter Request

PLEASE PRINT CLEARLY

Please read this prior to placing your request. <ul style="list-style-type: none"> This is not a Proof of Enrollment letter. The fee for this letter is \$25. Responsibility lies with you to ensure that requests are submitted well in advance of your deadline dates. This request may take up to two weeks to be processed. Requests are processed in the order in which they are received. We are not able to accept requests via telephone. Letters will not be processed without verification of payment. Incomplete information may delay or prevent the processing of this request. Letters for pick-up are held at the Registrar's Office. Picture identification is required in order to pick up letter. Outstanding fees will prevent release of letter. Additional Mailing Services (optional) <table border="0"> <tr> <td><u>Courier Charges</u></td> <td><u>Fax Charges</u></td> </tr> <tr> <td>\$8 to Ontario</td> <td>\$4 per fax number</td> </tr> <tr> <td>\$20 to other Canadian provinces</td> <td></td> </tr> <tr> <td>\$30 to United States</td> <td></td> </tr> <tr> <td>\$50 all other countries</td> <td></td> </tr> </table>	<u>Courier Charges</u>	<u>Fax Charges</u>	\$8 to Ontario	\$4 per fax number	\$20 to other Canadian provinces		\$30 to United States		\$50 all other countries		Student Information Student Id: _____ Date of Birth _____ / _____ / _____ <small style="margin-left: 150px;">dd</small> <small style="margin-left: 100px;">mm</small> <small style="margin-left: 100px;">yyyy</small> Last Name : _____ First Name _____ Former Names (if applicable) _____ Email Address _____ Current Address _____ _____ Contact Telephone (_____) _____ - _____ Student Signature _____
<u>Courier Charges</u>	<u>Fax Charges</u>										
\$8 to Ontario	\$4 per fax number										
\$20 to other Canadian provinces											
\$30 to United States											
\$50 all other countries											

Type of Letter Required:		
<input type="checkbox"/>	QECO Letter	This letter identifies which course(s), if any, are considered to be extra to your undergraduate degree. We'll also list courses (transfer credits) from other institutions, if any, that were granted and used toward your Nipissing University degree.
<input type="checkbox"/>	Degree Requirements Complete	This letter confirms that all degree requirements are or will be complete as well as the expected conferral date
<input type="checkbox"/>	Transfer Credit Equivalency	This letter identifies courses from other institutions (transfer credits) used to grant credit towards a Nipissing University degree program.

Mailing Instructions:	
<input type="checkbox"/> Pick-up at Registrar's Office (ID required) <input type="checkbox"/> Regular Mail <input type="checkbox"/> Courier: recipient's phone number required (_____) _____ <small style="margin-left: 100px;">*Courier service not available for PO Boxes</small> <input type="checkbox"/> Fax to : _____ <small style="margin-left: 100px;">Recipient's name</small> at: _____ <small style="margin-left: 100px;">Fax number</small>	Addressee and destination details: _____ _____ _____

Protection of Privacy

Information requested from students and applicants is collected under the authority of the Nipissing University Act, 1992. Pursuant to the Freedom of Information and Protection of Privacy Act you are hereby notified that: "By applying for admission to Nipissing University and by registering in programs or courses at the University, you are accepting the University's right to collect pertinent personal information. The information is needed to assess qualifications for entry, establish a record of performance in programs and courses, provide the basis for awards and government funding, and to assist the University in the academic and financial administration of its affairs".

Additionally, personal information may be used by University staff in many offices on a "need to know" basis to identify and contact students who require their services.

Personal information is also provided to the Nipissing University Student Union in order to enroll students in their Health Care Plan.

Method of Payment	
<input type="checkbox"/> Cash or Debit <input type="checkbox"/> Online Banking <input type="checkbox"/> Visa or Mastercard (You must include Credit Card Authorization Form) <input type="checkbox"/> Cheque or Money Order (payable to "Nipissing University")	<i>For Office Use Only</i> Amount: _____ Received By _____ Date Released: _____

