

Note:

VERIFICATION REQUEST FORM

Office of the Registrar

Mattson Centre 22500 University Drive Langley BC, V2Y 1Y1

TWU.ca/Help

Once form is complete, please visit our Helpdesk at twu.ca/help and submit the form as an Office of the Registrar- Student Services and Inquires ticket request.

LAST NAME		FIRST NAME	TWU ID NUMBER		
EMAIL:	1		PHONE:	I .	
Date of Birth: (dd/mm/yyyy) Country of C		Country of Citiz	itizenship:		
Division: (please select one) Undergraduate	Graduate ACTS Semina		ries Degree/Major:		
Reason for Letter Request (Required)					
Select Verification Letter Type (Required, please se	elect one)				
Verification of Enrolment Letter Confirms academic school year, enrolment, division, major Options, select one:			Verification of Graduation Letter NOTE: ALL grades must be entered.		
Verification of Enrolment					
Verification of Enrolment FORM to be completed (Please attach)					
Custom Letter (Please attach separately) (Required)					
Please indicate which semester you need confirmed: Fall Spring Summer			OFFICE USE ONLY:		
semester you need confirmed: Conferral Date: Initial:				Initial:	
Letter Options (Required, please select below)					
Standard (3-7 business days) - \$10 Custom Letter (5 business days) - \$25 Additional copies (\$5 each): \$					
Delivery Instructions (please select option below)					
Email (no additional cost): or					
Mailing Address: Mail (no additional of	cost) or				
Courier (Select one NOTE: Cannot courier to P.	•	Canada (\$12)	USA (\$17)	International (\$35)	
Full Name:	Phone (required for courier):				
Address:City:					
Province/State: Postal Code/Zip: Country:					
Total Service Fee \$ Fee will be charged directly to the student account.					
Student Signature				Date	
FOR OFFICE OF THE REGISTRAR USE ONLY					
REG: NAT: BD\$:				Date:	
Charged MS RC # Date: Init: Completed date: Init: Sent via:					