

**Office of the Registrar**

Telephone: (416) 491-5050 ext. 22800

Email: registration.inquiries@senecacollege.ca

Important Academic Dates: senecacollege.ca/registrar/dates

# Seneca

## Enrolment Verification Request



- There is a charge of \$10.00 + HST = \$11.30 for students who are **not currently enrolled in a full-time program**.
- For completion of third party forms, please attach and allow 7 business days for processing.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student ID Number

Terms Required:  Fall  Winter  Summer

Year: 20\_\_ \_\_

(\_\_\_\_\_) \_\_\_\_\_  
Preferred Telephone Number

\_\_\_\_\_  
Seneca Email Address

\_\_\_\_\_  
Alternate Email Address

\_\_\_\_\_  
Program

➔ **Are you an International Student?**      Yes      No



***This section must be completed by International Student Services.***

\_\_\_\_\_  
International Student Services

Enrolment Verification Letter

Graduation Term and Conferral Date required

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 491-5050 extension 77846 or email [privacyoffice@senecacollege.ca](mailto:privacyoffice@senecacollege.ca).

I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Date: \_\_\_\_\_

### For Office Use Only:

\_\_\_\_\_  
Processed By

\_\_\_\_\_  
Date