



GRADUATION ELIGIBILITY CONFIRMATION REQUESTS

REGULATIONS

1. A student, who has met all requirements to graduate, may request from the Senate Office an official letter confirming they will be graduating from Brandon University at an upcoming Convocation. This letter will include student's full name, degree program (including major/minor information) and official date of Convocation.
2. All financial holds on the student's account must be cleared before graduation eligibility confirmation requests will be processed.
3. Allow 2 weeks for processing. Requests submitted during the months of April and May may be delayed due to preparations for Convocation.

PROCEDURE

1. Complete, sign, and date the attached form.
2. Submit the form, along with payment, to the following office:

Senate Office - Brandon University
270 18th Street
Brandon, MB R7A 6A9
Fax: 204-727-4072
E-mail: senate@brandonu.ca

NOTE: For your security, do not send credit card payment information by fax or e-mail. Credit card payments for fax and e-mail requests may be provided by phone at 204-727-9751.

3. You will be required to show government-issued photo identification if picking up your graduation eligibility confirmation in person. In case you have authorized on the request form a third-party to pick up your confirmation, that person will be required to show government-issued photo identification.
4. Documents not picked up within three months from the date of request will be destroyed.



GRADUATION ELIGIBILITY CONFIRMATION LETTER REQUEST FORM

PERSONAL INFORMATION

Student #:	Degree:		
Last Name:			
First Name:			
Street Address:			Apartment:
City:	Prov./State:	Country:	Postal/Zip Code:
BU E-mail:			

REQUEST DETAILS

I have applied to graduate in:	October	February	May/June
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DELIVERY INFORMATION

<input type="checkbox"/> Pick-up myself <input type="checkbox"/> Pick-up by person authorized by me: _____ <small>(First & last name of person authorized for pick-up)</small>	<input type="checkbox"/> Mail to above address <input type="checkbox"/> Mail to address below: Attention: _____ Street Address: _____ City: _____ Prov./State: _____ Country: _____ Postal/Zip Code: _____
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STUDENT SIGNATURE

By signing below, I authorize release of documents as indicated above. I understand that misrepresentation or attempts to obtain official documentation under false pretenses are serious offences that may result in prosecution under the Criminal Code of Canada. Student Signature: _____ Date (mm/dd/yyyy): _____	FOR OFFICE USE
	Request Received:
	Request Processed:
	Initials:

In signing above, the student acknowledges having read and understood the ways in which personal information is collected and used at Brandon University, as described at [Personal Information Collection/Disclosures](#).

PAYMENT INFORMATION

<input type="checkbox"/> Graduation Eligibility Confirmation (\$10 CDN/copy) Number of copies: _____	<i>G/L Code: 5503-510</i>		
TOTAL:			
<input type="checkbox"/> Cheque enclosed	<input type="checkbox"/> VISA Card Number: _____ Cardholder Name: _____ Cardholder Signature: _____	<input type="checkbox"/> Mastercard Expiry: _____	<input type="checkbox"/> AMEX