

STUDENT STATUS REQUEST FORM

Students wishing to confirm their enrolment/registration status should complete the Student Status Request Form. A separate form must be completed for each person/company to whom a letter is to be sent. Unless otherwise indicated, the fee for each request is 50.00. Students should submit the completed form, along with proof of payment, to the Registrar's Office. Students should allow 3-5 business days for the request to be processed.

Name: Date of Birth: Day/Month/Year E-mail Address: Work: Cell: Programme of Study: Last Semester/Year Enrolled: Select ONE of the following: [] National Insurance Letter (No charge) [] Acceptance Letter (No charge) [] Initial Review Letter [] Initial Review Letter	UB ID #:	Date Requested:	
E-mail Address:			
E-mail Address:	Name:		
Telephone: Home: Work: Cell: Programme of Study: First Semester/Year Enrolled Last Semester/Year Enrolled: Select ONE of the following: [] National Insurance Letter (No charge)		Day/Month/Year	
Programme of Study:	E-mail Address:		
First Semester/Year Enrolled Last Semester/Year Enrolled: Select ONE of the following: [] National Insurance Letter (No charge)	Telephone: Home: Work:	Cell:	
Select ONE of the following: [] National Insurance Letter (No charge)	Programme of Study:		
[] National Insurance Letter (No charge)	First Semester/Year Enrolled	Last Semester/Year Enrolled:	
Semester/Year Completed UB: Date Graduation Evaluation Form Submitted: Print Name of Person/Company to Whom Letter Should be Addressed: Print Mailing Address of Person/Company to Whom Letter Should be Addressed: Signature of Requester: RECORDS DEPARTMENT USE ONLY	[] Acceptance Letter (No charge)		
Print Name of Person/Company to Whom Letter Should be Addressed: Print Mailing Address of Person/Company to Whom Letter Should be Addressed: Signature of Requester: RECORDS DEPARTMENT USE ONLY	Currently Attending UB: [] Yes [] No Semester/Year Completed UB:		
Print Mailing Address of Person/Company to Whom Letter Should be Addressed: Signature of Requester: RECORDS DEPARTMENT USE ONLY	Date Graduation Evaluation Form Submitted: _		
Signature of Requester:	Print Name of Person/Company to Whom Letter Sh	nould be Addressed:	
Signature of Requester:	Print Mailing Address of Person/Company to Whor	n Letter Should be Addressed:	
Date Processed: Signature:	RECORDS	S DEPARTMENT USE ONLY	
	Date Processed:	Signature:	