Athabasca University
CANADA'S OPEN UNIVERSITY

Verification of Enrolment

STUDENT ID NUMBER (if applicable)

STUDENT SOCIAL INSURANCE NUMBER

Office of the Registrar, Athabasca University
1 University Drive, Athabasca, AB T9S 3A3
Toll Free in Canada/US: 1.800.788.9041
Other: 780.675.6111, Fax: 780.675.6174
www.athabascau.ca

General Information
(please print)

The personal information collected on this form will be used to process the verification of enrolment form. This information is collected under the authority of section 33 (c) of Alberta's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Coordinator, Registration Services, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3. Phone: 800.788.9041.

Student Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
_____
CITY/TOWN PROVINCE/STATE

_____
COUNTRY POSTAL/ZIP CODE

Telephone: (_____)_____(_____)_____
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Fax/E-mail: (_____)_____
(AREA CODE) FAX E-MAIL

Program of Study	Country of Academic Institution
Current Academic Session	Number of Degree Credits Successfully Completed (see note 1)
Academic Start and End Dates	Current Enrolment, in credits (see note 2)

Note 1:
Year Equivalents
Year 1 = fewer than 30 credits completed
Year 2 = 31-60 credits completed
Year 3 = 61-90 credits completed
Year 4 = greater than 90 credits completed

Note 2:
Enrolment in 11 or fewer credits is considered part-time studies. Enrolment in 12 or more credits is considered full-time studies for six months.
Enrolment in seven or fewer credits is considered part-time studies. Enrolment in eight or more credits is considered full-time studies for four months.

The enrolment information contained in this letter for the student named above is correct as of: _____
DATE

Name/Title of Designated Official

_____

_____
Signature of Designated Official

Institution's Stamp