

STUDENT INFORMATION	
Name:	____ ____ ____ ____ ____ ____ ____ BROCK STUDENT ID NUMBER
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Email:	Telephone No.: ____ ____ - ____ ____ - ____ ____ ____
*Degree sought (i.e. BA, BSc):	*Degree class sought: <input type="checkbox"/> Honours <input type="checkbox"/> 4-Year <input type="checkbox"/> 3-Year
*Major:	*Overall average:
*Accumulated Brock credits to date:	Student signature:

REQUEST INFORMATION	DELIVERY INFORMATION
<p>I would like to request the following:</p> <input type="checkbox"/> Confirmation of enrolment for RESP Year (current if left blank): _____	<p>Request options:</p> <input type="checkbox"/> Hold for grades (circle applicable term) Fall Winter Spring Summer
<input type="checkbox"/> Confirmation of enrolment Session <input type="checkbox"/> Fall/Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year (current if left blank): _____	<p>Delivery method:</p> <input type="checkbox"/> Mail to addressee listed (<input type="checkbox"/> courier, fee applies)
<input type="checkbox"/> Eligibility to continue studies Session <input type="checkbox"/> Fall/Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year (current if left blank): _____	Name: _____ Street: _____ City: _____ Province: _____ Postal Code: _____
<input type="checkbox"/> Eligibility to graduate <input type="checkbox"/> Spring ceremony <input type="checkbox"/> Fall ceremony	<input type="checkbox"/> Fax number (if applicable): ____ ____ - ____ ____ - ____ ____ ____
<input type="checkbox"/> Confirmation of graduation	<input type="checkbox"/> Hold for pick-up
<input type="checkbox"/> Visa Extension	
<input type="checkbox"/> Duplicate / replacement diploma <i>*Requires telephone number and courier service for mailings outside of Canada</i>	
<input type="checkbox"/> Letter (please provide comments/details)	
<input type="checkbox"/> Other (please provide comments / details)	
Comments/additional details or instructions (use back of form if necessary): _____ _____ _____ _____ _____	

Protection of Privacy The information gathered on this form is collected under the authority of the Brock University Act, 1964. The information is used for the academic, administrative and statistical purposes of the University. This information is protected and is being collected in accordance with the Freedom of Information and Protection of Privacy Act. Questions regarding the collection or use of this personal information should be directed to the University Registrar at Brock University in ST 301, or at 905-688-5550, ext. 3430 or see www.brocku.ca/registrar .	OFFICE USE ONLY Verified by:
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PAYMENT INFORMATION <i>**Please note we cannot accept form submission via email if paying with credit card.</i>	
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Credit Card No.	Expiry Date (MM/YY)
Signature of Card Holder:	Date (MM/DD/YY):