

ENROLLMENT AND DEGREE VERIFICATION FORM – Vancouver Campus

Fax: (236) 521-2400 Phone: (236) 521-2418 Email: vanregistrar@adler.edu

* PLEASE PRINT LEGIBLY AND COMPLETE THE ENTIRE FORM - INCOMPLETE FORMS WILL BE RETURNED *

SECTION 1: PERSONAL INFORMATION	
First Name:	Last Name:
Previous Names During Attendance:	
Student ID:	Program:
Daytime Phone:	Email Address:
Degree:	<u> </u>
Degree Completion Date (if applicable):	
Pronoun (for use in Letter):	
SECTION 2: CHECK ALL THAT APPLY TO YO	OUR REQUEST
	tion of enrollment, study permit extension, coop work permit, OMPLETE the Letter Request Form or email Colin Osaka
Verification of Enrollment – Standard lett	ter
Verification of Enrollment – Tuition breakdown	
Verification of Cumulative Grade Point Average (GPA)	
	nd your request after you receive email notification that
your Degree has been conferred; letters	will be sent to students ONLY)
Unofficial Transcript Request (for student	ts without access to Student Planner)
Fill out the form(s) attached	
Special Instructions (if applicable):	
Section 3: DELIVERY INFORMATION	
Letter will be emailed to the student's Adler ema	ail address.
If different from your Adler email address, email	document to:
Signature:	Date:
My signature signifies I am the student/alum making this request a	and the University reserves the right to request additional information to verify my Y when sent through your Adler email account; otherwise, you will need to
hand sign the form.	when sellt unrough your Auter email account, otherwise, you will fleed to
If returning request by mail, send to: Adler University	

Attention: Registrar's Office

520 Seymour Street, Vancouver, BC V6B 3J5

If returning request by email, send to:

vanregistrar@adler.edu

IMPORTANT: Please allow 5 business days for processing. If you have any questions regarding the status of your request, please email our office at vanregistrar@adler.edu.