



Request for Confirmation of Eligibility to Graduate GRADUATE STUDENTS

In order for your request to be considered, you must be enrolled in and/or have successfully completed your final degree requirements. The fee for a confirmation of Eligibility to Graduate is \$11.50. Please allow a MINIMUM of 2 weeks for processing.

Eligibility Checklist

Table with 3 columns: Thesis/Practicum Route, Comprehensive Route, Course Based Route. Each column contains a list of requirements with Yes/No checkboxes.

STUDENT INFORMATION:

Student Number: \_\_\_\_\_ Last Name(s): \_\_\_\_\_

Given Name(s): \_\_\_\_\_ Previous Name(s) (If Applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Specify the department/unit you are with (i.e Immunology): \_\_\_\_\_

Specify the degree you expect to receive (i.e. Diploma, Masters, P.hD): \_\_\_\_\_

Check off when you expect to graduate: [ ] February or [ ] May or [ ] October, 20 \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMAIL METHOD: [ ] Email letter to UM student email; [ ] Email letter to third party; (Please write the full email address here)

DELIVERY METHOD (FILL IN ADDRESS BELOW): [ ] Standard mail; Postal Code: \_\_\_\_\_; Delivery problems arising from the provision of incorrect information are not the responsibility of the Registrar's Office.

MAILED PAYMENT OPTIONS:

Cheques/Money Orders can be made out to "The University of Manitoba".

Visa or Mastercard Number \_\_\_\_\_ CVV# (3 digit number) \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_
(Visa Debit is not accepted)

Card Holder's name (as it appears on the card): \_\_\_\_\_ Amount: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of producing your Confirmation of Eligibility to Graduate request. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.



**To be completed by the Faculty of Graduate Studies and returned to the Registrar's Office**

This will serve to confirm that the student noted above is expected to complete \_\_\_\_\_ / has completed \_\_\_\_\_ the requirements for the following degree/diploma \_\_\_\_\_ on \_\_\_\_\_ (program completion date) and will be eligible for graduation in February  or May  or October  20\_\_\_\_\_, subject to University Senate ratification.

Faculty of Graduate Studies representative: \_\_\_\_\_

Date: \_\_\_\_\_ (Signature) \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**