



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 \$11.75. Please allow a MINIMUM of 2 weeks for processing.

PART 1: ELIGIBILITY CHECKLIST

Table with 3 columns: Thesis/Practicum Route, Comprehensive Route, Course Based Route. Rows include Final Approval form/report to FGS office, Copyright License Declaration form on MSpace, Electronic thesis/ practicum submitted to MSpace, All courses have been completed.

PART 2: STUDENT INFORMATION

Student Number: Last Name(s): Given Name(s): Previous Name(s) (If Applicable): Date of Birth: Daytime Phone: Student signature: Date:

PART 3: DEGREE INFORMATION

Specify the department or unit you are with: Specify when you expect to graduate: Specify the degree you expect to receive:

PART 4: DELIVERY METHOD

Physical Delivery: Standard Mail, Pickup in Office. Digital Delivery: Email letter to UM Student Email, Email to 3rd Party. Includes a note about COVID-19 restrictions on office pickups.

PART 5: DELIVERY INFORMATION †

Please provide the delivery address you would like your letter sent to: Recipient Name: Phone number: Address: City/town: Province/state: Country: Postal/Zip Code:

PART 6: PAYMENT OPTIONS

Cheques/Money Orders can be made out to "The University of Manitoba". Visa or Mastercard Number: Expiry date: 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 Eligibility to Graduate request.



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) _____

DO NOT WRITE BELOW THIS LINE

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