



Request for Confirmation of Eligibility to Graduate UNDERGRADUATE AND DIPLOMA STUDENT

This document is not to be used to declare an intent to graduate. If you have not declared your graduation, you must do this through Aurora or by contacting your Faculty/School before proceeding. The fee for a confirmation of Eligibility to Graduate is \$11.75. Please allow a MINIMUM of 2 weeks for processing. To be considered as eligible to graduate, you must be enrolled in or have successfully completed the final courses required for your degree program and any other degree requirements.

PART 1: STUDENT INFORMATION

Student Number: Last Name(s):
Leave blank if unknown

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

Date of Birth: Daytime Phone:

Student signature: Date:

PART 2: DEGREE INFORMATION

Specify the Faculty/School you are with:
(i.e Faculty of Arts, School of Art)

Check off the program you are in, if you are in the faculty of Engineering:

Specify the degree you expect to receive:
(i.e. Diploma, BA Hons, BSc General)

- Mechanical Electrical
Biosystems Computer
Civil

Specify when you expect to graduate: February May October of 20

PART 3: DELIVERY METHOD

Physical Delivery

- Standard Mail Courier (cannot courier to a PO BOX)
Additional courier fees will apply:
\$20.00 Anywhere in Winnipeg
\$100.00 International / Overseas
Pickup in Office (Photo ID will be required upon pickup). Currently unavailable* Anywhere in Canada / USA

Digital Delivery

- Email letter to UM Student Email.
Email to 3rd Party:
(Please indicate email here)

* Our Office is currently unable to accommodate in office pickups and couriers due to COVID-19.

PART 4: DELIVERY INFORMATION †

Please provide the delivery address you would like your letter sent to: Recipient Name: Phone number:
Address:

† Delivery problems arising from the provision of incorrect information are not the responsibility of the Registrar's Office.

City/town: Province/state: Country: Postal/Zip Code:

PART 5: PAYMENT OPTIONS

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

Visa or Mastercard 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 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. 204-474-7559), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.



To be completed by the Faculty/School 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 _____ and will be eligible for graduation in February or May or October , 20_____, subject to University Senate ratification.

Dean/Director's Representative: _____ Faculty/College/ School: _____

Date: _____ (Signature) _____

DO NOT WRITE BELOW THIS LINE

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