

In order to confirm your percentage of course load as a part-time student, please have your Graduate Department Coordinator complete the following information for the current school year.

Date	Department
Last Name	Given Name
Social Insurance Number	Student Number
Telephone Number	Electronic Mail Address

Confirmation of Course load

	From	To	Percentage of Course load
Term One	September _____ (Year)	December _____ (Year)	
Term Two	January _____ (Year)	April _____ (Year)	
Term Three	May _____ (Year)	August _____ (Year)	

Completed by Graduate Department Official

Name of Department Official	Title
Telephone Number	Electronic Mail Address
Signature	Date

Comments:
