REQUEST FOR ATTESTATION OF STUDIES

• Allow at least 5 business days for the preparation of the letter. During the registration period, the delay can be up to 10 business days.

SURNAME		GIVEN NAMES	STUDENT NUMBER	
MAILING ADDRESS			POSTAL CODE	
AREA CODE & TEL. NO.	E-MAIL			
			@uOttawa.ca	
PROGRAM (PRESENTLY REGISTERED) INCLUDING MINOR IF APPLICABLE				
THE LANGUAGE IN WHICH THE LETTER SHOULI	D BE WRITTEN:	NGLISH FRENCH		

NOTE: You must contact InfoService if you wish to obtain the following documents:

OFFICIAL TRANSCRIPT

CONFIRMATION OF STATUS (FULL-TIME OR PART-TIME)

- CONFIRMATION OF PROGRAM OF STUDIES
- CONFIRMATION OF THE YEAR IN WHICH YOU ARE REGISTERED
- STATEMENT OF DEGREE CONFERRED

I would like the letter of attestation to confirm the following:

THAT I HAVE COMPLETED THE REQUIREMENTS OF MY PROGRAM

THE NUMBER OF CREDITS COMPLETED AS OF

INTERNATIONAL EXCHANGE

OTHER :

I would like the letter of attestation sent:

TO THE ABOVE ADDRESS	
I WILL PICK IT UP	

TO THE FOLLOWING ADDRESS:

NAME	
ADDRESS	POSTAL CODE

I understand that at all times my personal information will be protected in accordance with the freedom of information and protection of privacy act.



Faculty of Health Sciences • Undergraduate Studies Office healthsc@uOttawa.ca Monpetit Hall, room 232 Ottawa ON K1N 6N5

