



OFFICE OF THE REGISTRAR

Confirmation of Enrolment to Renew Study Permit (Undergraduate International Students only)

This is **only** to request a verification of study status for the purposes of renewing a study permit. Verifications of Enrolment for the purposes of applying for health coverage under the Newfoundland Medical Care Plan (MCP) can be requested through Memorial Self-Service.

Completed forms can be submitted to the Registrar's Office either in person or emailed to registrar@mun.ca.

Processing Time: Approximately two business days.

Fee: \$15 per letter

Inquiries can be directed to registrar@mun.ca or 709 864 4445.

Student Information

MUN Student ID Number	First (Given) Name	Last (Family) Name
Telephone	@mun.ca email	

Confirmation of Enrolment Letter Requirements

Program of Study:		
Degree	Major/Minor	
Scheduled Completion Date (indicate year):		
Fall Semester – December 20 ____	Winter Semester – April 20 ____	Spring Semester – August 20 ____
Special Requirements for Letter:		

Delivery Options

Choose one of the following:

- Pick Up** (Photo ID will be required. If someone else will pick up your enrolment confirmation, name that person as the Recipient below.)
- Email** (Sent to @mun.ca email address listed above.)
- Mail** (Confirm mailing address below.)

Recipient Name	Recipient Telephone (required if mailing outside of Canada / U.S.)
Address (P.O. Box numbers are not acceptable for addresses if you're requesting shipping outside Canada or the USA)	
City, Province/State, Postal/Zip Code, Country	

Authorization

Student Signature	Date (Month/Day/Year)
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Personal Information and Protection of Privacy: The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 c M-7). It is needed for, and will be used to update, your student record. If you have questions about the collection and use of this information, contact the Associate Registrar, Registration and Enrolment Services at 709 864 4445.

Method of Payment

Memorial University offers students a variety of payment methods. Each method is described in detail by [Financial and Administrative Services](#). Questions regarding methods of payment should be directed to cashiers@mun.ca.

Credit Card (choose one):	Visa	Mastercard
Credit Card Number	Expiry Date (MM/YYYY)	
Name on Card	Signature	

For Office Use Only

_____ letters at \$15 each = \$ _____

FOAPAL: 100001 46201 51969 4102

Cashier's Stamp