

VERIFICATION OF ATTENDANCE

The Square, Student Services, Room C102
135 Fennell Ave W
Hamilton, Ontario
Canada L9C 0E5

Telephone: 1-844-767-6871
Questions? Email: ask@mohawkcollege.ca
Email form to: verifications@mohawkcollege.ca

Website: www.mohawkcollege.ca

To be completed by student -

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

I authorize Mohawk College to release my information, as indicated, including to a third party. Signature: _____

To be completed by College - The student has met the following requirements:

Full Time	Part Time	In a Co-op Term	Fees Paid	Not Applicable
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Program Name: _____

Program Length: _____

Type of Program: Diploma Certificate Apprenticeship

Academic Level: Year 1 Year 2 Year 3

Start date of current semester: _____ End date of current semester: _____

Additional Comments:

Please contact me if you have any questions.

Sincerely,

Lina Bombardieri, Acting Director
Enrolment Services and Systems
Mohawk College

Student Number _____	Date _____
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Indicate below how to return form:	
<input type="checkbox"/> Mail – Residential or Business (circle)	
Contact Name: _____	
Address: _____	City: _____
Province: _____	Postal Code: _____
<input type="checkbox"/> Pickup – Email notification will be sent when form is ready	
<input type="checkbox"/> Fax – Contact Name: _____	
Fax Number: _____	

Registrar's Stamp and Seal