

LETTER REQUEST FORM

Modality of Full-time Program

ABOUT YOURSELF

Student Number:

Last Name:

First Name:

Address:

City:

Province:

Postal Code:

Telephone Day: ()

Telephone Evening: ()

Email:

PROGRAM INFORMATION

Program Name:

Program #:

Fall Semester

Winter Semester

Summer Semester

SIGNATURE NAME*

DATE (day/month/year)

During peak periods (registration and fees due dates), please allow 2-3 Business Days to process. Please submit your completed form to rkarfa@centennialcollege.ca.

*This serves as (your official) signature.