

CONFIRMATION OF ENROLMENT FORM

Please note: The Registrar's Office requires **3-5 business days** to process this request after receiving payment (if applicable).

SECTION 1: To be completed by the student									
STUDENT INFORMATION									
Student ID #	0	0	0	0					
Last Name					First Name				
Phone					StMU Email				
ENROLMENT LETTER REQUEST TYPE									
Option 1: ☐ I require a confirmation of enrolment letter indicating my registration: From Term (ex. Fall 2026): _____ To Term (ex. Winter 2027): _____ Include tuition/fee costs: Yes ☐ No ☐ Number of copies (\$10 each): _____					Option 3: ☐ I require a Dean of Education's Confirmation of Enrolment letter (for the Developmental Teacher Certificate). TWINS Reference number: _____ Number of copies (\$10 each): _____				
Option 2: ☐ I require a confirmation of enrolment letter pertaining to an Alberta Student Aid Information Request. I have attached my ASA Information Request to this form: Yes ☐ Number of copies (\$10 each): _____					Option 4: ☐ I require a confirmation of the completion of my degree: Number of copies (NO CHARGE): _____				
DELIVERY METHOD									
☐ Pick up (You will receive an email and/or phone call when letter is ready. Photo ID is required for pickup.) ☐ Fax to: _____ ☐ Email to: _____ ☐ Mail to: Name of Institution/Individual/Agency: _____ Address: _____ City: _____ Province/State: _____ Postal Code/Zip Code: _____									
PAYMENT METHOD (for Options 1, 2, or 3 ONLY)									
☐ Online banking (preferred)					☐ Credit card payment on My.StMU . Please note, credit card payments are automatically charged an additional 3% processing fee.				

Declaration:

- I understand that letters will not be processed until all financial obligations to St. Mary's University have been met.
- I understand that St. Mary's University will not be held responsible for letters lost, delayed or arriving late when sent by mail.
- I hereby authorize St. Mary's University to release letters of my academic record to the individuals and organizations indicated on this form.

Student Signature _____ Date _____

Privacy Statement:

This form gives St. Mary's University permission to release the specified information requested by the student. St. Mary's University cannot be held responsible for how this information is used, disclosed or protected by the designated recipient. If you have any questions about Alberta's Personal Information Protection Act and St. Mary's University Privacy Policy, contact the Privacy Officer at 403.254.3132 or privacy@stmu.ca.
Revised August 2026

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The Registrar's Office
info@stmu.ca
 Administration Building, 1st Floor

SECTION 2: To be completed by the Enrolment Services Officer		
Date Received:	Date Fee Added to Student Account (for Options 1, 2, or 3 ONLY):	Date Payment Received:

SECTION 3:		
If Option 1 , to be completed by the Enrolment Services Officer	Date Completed:	Staff Initials:
If Option 2 , to be completed by the Financial Aid and Awards Officer	Date Completed:	Staff Initials:
If Option 3 or 4 , to be completed by the Associate Registrar, Systems, Reporting & Projects	Date Completed:	Staff Initials:

Privacy Statement:

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