



STUDENT LETTER REQUEST FORM

Instructions: In order for this request to be properly processed, please make sure that all areas are filled out and printed clearly. Please allow one-to-two weeks, from the date received by the Registrar, for processing. NO STUDENT LETTERS will be processed unless you are free of all financial obligations with TCICC.

STUDENT ID NUMBER _____ STUDENT NAME (FIRST AND LAST) _____

STUDENT CONTACT # - EMAIL ADDRESS _____ PROGRAMME/COURSE(S) _____

STUDENT SIGNATURE and DATE _____ PERIOD OF STUDY _____

Please indicate the type of letter requested.

- | | | |
|---|---|---|
| <input type="checkbox"/> REFERENCE LETTER | <input type="checkbox"/> BANK REFERENCE | <input type="checkbox"/> TO WHOM IT MAY CONCERN |
| <input type="checkbox"/> LETTER OF COMPLETION | <input type="checkbox"/> IMMIGRATION | <input type="checkbox"/> OTHER _____ |

ADDRESS LETTER(S) TO:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OFFICIAL USE ONLY

FEES PAID: _____ RECEIPT NO: _____ ACCOUNT BALANCE: _____

COMMENTS: _____

REGISTRAR'S SIGNATURE _____

DATE RECEIVED BY REGISTRAR _____

