



STUDENT INFORMATION

Surname:		Student ID #:	
Given Name(s):		Previous Name (If any):	
Email:		Graduation: Month: _____ Year: _____	
Mailing Address			
Street Number & Name:			Apt. #:
City/Town:	Province/State:	Postal/Zip Code:	
Country:	Home Phone #:	Cell Phone #:	

COURSE INFORMATION

Indicate below the course(s) that you believe were more than the minimum number of course(s) required to fulfill the requirements for your initial degree. Ex. courses listed below would not be needed to fulfill program requirements or degree requirements. If you are listing courses taken after your degree was conferred, you may simply order a transcript and have the transcript sent to QECO directly.

COURSE CODE	COURSE NAME	GRADE EARNED	YEAR/SESSION TAKEN
E.g. ANT101H5	Introduction to Biological Anthropology and Archaeology	80%	1999 Fall

* If there is a discrepancy between the course information provided above and what the University believes is outside of your degree requirements, you will be notified either by telephone or email (provided above).

** The original letter will be sent directly to QECO and a copy of the letter will be sent to the mailing address you provided.

PAYMENT INFORMATION: Non-Refundable Fee: \$8.00 CAD per letter

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <i>(complete the following information only if faxing/mailing this form)</i> Credit Card Number: _____ CVV/CVC code: _____ Expiration Date [MM/YY]: ____/____ Name of Cardholder: _____ Signature of Cardholder: _____
<input type="checkbox"/> Debit (Payment in person only)

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government. The University is also required to report student-level enrolment-related data to the Ministry of Training, Colleges and Universities as a condition of its receipt of operating grant funding. The Ministry collects this enrolment data, which includes limited personal information such as Ontario Education Numbers, student characteristics and educational outcomes, in order to administer government postsecondary funding, policies and programs, including planning, evaluation and monitoring activities. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Coordinator at McMurich Building, room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

Student Signature: _____

Date: _____

Return this completed form along with payment to the Office of the Registrar, University of Toronto Mississauga.

3359 Mississauga Road, Innovation Complex, Room 1235, Mississauga, ON, L5L 1C6 - Tel.: 905.828.5399 / Fax: 905.569.4301

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Received By: Staff: _____ Date: _____ Paid: \$ _____ Processed By: Staff: _____ Date: _____