

LETTER REQUEST – MBA STUDENTS ONLY

McMASTER UNIVERSITY

Please Note: in all circumstances we will require **3 business days** to complete your request.

Completed forms should be dropped off to the Student Experience Office (RJC 333), faxed to 905-634-4985, or emailed to maso@mcmaster.ca.

Today's Date: _____ Male ____ Female ____

STUDENT NAME: _____ STUDENT NUMBER: _____

E-mail address: _____

Check all that apply: Full-time Part-Time Co-op Visa

Number of letters required: _____ Letter will be picked up: Yes No

Address (only if letter is to be mailed): _____

Fax Number (only if letter is to be faxed): _____

PLEASE CHOOSE ONLY THE INFORMATION THAT IS APPLICABLE TO YOU

FULL TIME OR PART TIME STUDENTS

Currently registered for classes in the present term.

Expected to register for classes in the next term.

CO-OP STUDENTS

Currently on a Co-op work term and expected to register for classes in the next term.

Currently registered for classes in the present term and expected to be on a Co-op work term in the next term.

CONFIRMATION OF GRADUATION

****Please note that the Student Experience Office will only confirm expected graduation one term prior to expected program completion.***

Expected to complete all requirements for the degree by _____ and is expected to graduate _____.

Has completed or is expected to complete all requirements for the degree and will graduate on _____.