

**EDUCATIONAL INSTITUTION
CONFIRMATION OF ATTENDANCE**

SECTION ONE – TO BE COMPLETED BY THE STUDENT

First Name: _____

Last Name: _____

Address: _____

Telephone: _____ Email: _____

Date of Birth: _____ SIN: _____ - _____ - _____
(yyyy/mm/dd)

***SECTION TWO – TO BE COMPLETED BY EDUCATIONAL INSTITUTION AFTER
CLASSES HAVE BEGUN***

Name of Education Institution: _____

Term Student is Enrolled for: Fall Winter Spring/Summer

First day of studies for this semester: _____ (yyyy/mm/dd)

Last day of studies for this semester: _____ (yyyy/mm/dd)

Total number of credit hour courses this semester: _____

Name of Authorized Person (please print): _____

Title of Authorized Person: _____

Signature: _____

Date: _____ Contact number: _____
(yyyy/mm/dd)

Contact email: _____

PLEASE RETURN THIS COMPLETED FORM TO:

Ms. Kalesha Peters, The Free Methodist Church in Canada
4315 Village Centre Court
Mississauga, ON L4S 1Z2

Telephone: 905-848-2600 Fax: 905-848-2603 Email: ministrycentre@fmc-canada.org

DEADLINES:

SEPT 30 FOR FALL SEMESTER

JAN 30 FOR WINTER SEMESTER

MAY 31 FOR SPRING/SUMMER SEMESTER