

# CERTIFICATE OF ENROLLMENT PERIOD

Student Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Day) (Month) (Year)

With regards to the student named above, we certify the following:

Matriculation Date \_\_\_\_\_  
(Day) (Month) (Year)

Date \_\_\_\_\_  
(Day) (Month) (Year)

☐ Currently a student in \_\_\_\_ year of study

☐ Withdrawn from school

☐ Other \_\_\_\_\_

☐ Without leave of absence from school

☐ With leave of absence from school

Period

Date \_\_\_\_\_ to \_\_\_\_\_  
(Day) (Month) (Year) (Day) (Month) (Year)

Date \_\_\_\_\_ to \_\_\_\_\_  
(Day) (Month) (Year) (Day) (Month) (Year)

(President/Faculty Dean)

\_\_\_\_\_  
(Day) (Month) (Year)

Stamp/Seal

To the issuing Officer

Please check or put a circle in the relevant boxes. Please fill in the necessary blanks and kindly certify the written information.