



KEKINOW NATIVE HOUSING SOCIETY

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**VERIFICATION OF ENROLLMENT
IN POST SECONDARY EDUCATION**

To Whom It May Concern;

Please confirm the following person is currently enrolled in full-time post secondary education:

Student Name: _____

Name of Post Secondary Institution: _____

Address: _____

Phone Number: _____

Program Name: _____

Semester Start Date: _____

Semester End Date: _____

Is the student registered for a minimum of nine (9) units of study per term? Yes No

What is the duration of the program? _____

If the course duration is less than six (6) months, does it continue next semester? Yes No

Signature of Representative

Print Name

Title

Date

OFFICE USE ONLY

Verified by Administration

Date