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Gary Allan Learning Centres

Tel.: (905) 632-2944 • fax: (905) 637-5390 • www.garyallan.ca

Marks to University Request Form

Complete this form only if:

- You are 21 years of age or older
- You are a current University applicant
- You have **completed all courses required** for your application.

If you have not yet completed courses, but your university requires proof of enrolment, please email us at ConEd@hdsb.ca and do not fill out this form

STUDENT INFORMATION:

Name: _____	Telephone: _____
Date: _____	Email: _____

SCHOOL INFORMATION: (*Ensure all fields are legible. Include proper address and department. Should your University have a specific date requirement for mark submission, please indicate this date in your email. Be advised that whatever you print here will appear on the envelope!*)

Send Final Marks to:

University (name):	
Address:	
Department:	Email:
Applicant Identification Number:	

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Address:	
Department:	Email:
Applicant Identification Number:	

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Address:	
Department:	Email:
Applicant Identification Number:	

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Department:	Email:
Applicant Identification Number:	