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842 Cambie Street  
Vancouver, BC V6B 2P6 Canada**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Program: \_\_\_\_\_ Major/Concentration: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

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**Confirmation of Enrolment** (*Confirmation of Enrolment letters will be emailed to your FDU email address.*)  
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**Other:** \_\_\_\_\_

*Student's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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