



Independence Junior College
Savannah Rd.
Independence Village
Tel: 523-2566

Letters Request Form

Name: _____ Date of Birth: _____
First Middle Last (DD/MM/YYYY)

Contact Number: _____

Program of Study: _____

Enrollment Date: _____

Purpose for Request: Proof of Enrollment Proof of Completion Recommendation
 Scholarship/Grant Visa/Embassy Letter

This section must be filled out if you require an electronic copy

<p>Please email letter to:</p> <p>Name of Individual/ Business _____</p> <p>Name of University _____</p> <p>Email Address: _____</p>
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Applicant's Signature: _____ Date: _____

