

COLLEGE

P.O. Box 631, Station A
Toronto, Ontario, Canada M1K 5E9
T 416-289-5000

centennialcollege.ca

Student Name:

Student Number:

Program Name: **PERIOPERATIVE NURSING**

Program Code: **9400**

Program Length: **1 SEMESTER**

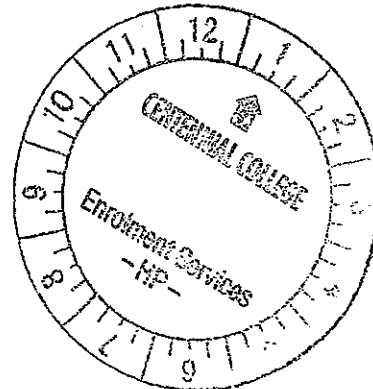
TO WHOM IT MAY CONCERN

The above information confirms that _____ is registered as a full-time student at Centennial College in our **PERIOPERATIVE NURSING** program for the Winter 2007 semester.

Classes for the Winter 2007 semester started January 08, 2007 and will end April 27, 2007.

_____ paid a total of \$1658.30 in tuition for the Winter 2007 semester. Of this \$1268.50 was actual tuition and the remainder \$389.80 was compulsory incidental fees.

Yours truly,



This letter may not be used for Canada Student Loans or for Income Tax purposes.