

Education Finance Board

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To Whom It May Concern:

I wish to confirm that _____ is attending as a Student at

Name of College:

1) _____

Name of Course:

2) _____

Type of Course: (Please tick relevant box)

Courses must be at least one full academic year long

Part-time or Full-time

Current year: Year 1 Year 2 Year 3 Year 4

Other If other please give details: _____

Year Course Finishes: _____

Signed by:

For/on behalf of _____ (name of college)

Official stamp
By college