Confirmation of Enrollment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Student's Name],

We are pleased to confirm your enrollment in the [Program Name] non-degree program at [Institution's Name]. Your enrollment is effective as of [Start Date].
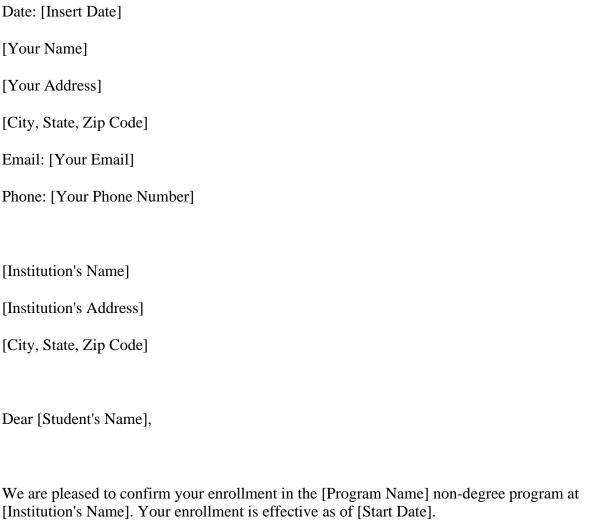
The details of your program are as follows:

- Course Name: [Course Name]
- Course Duration: [Duration]
- Start Date: [Start Date]
- End Date: [End Date]

Please ensure that you complete any necessary prerequisites before the start of your program. We encourage you to reach out if you have any questions or require further information.

Welcome to [Institution's Name]! We wish you success in your studies.

Sincerely,

[Your Name]

[Your Position]

[Institution's Name]