

## **Application for Graduation Centre for Continuing Studies**

Downtown campus

250 West Pender St., Vancouver, B.C. V6B 1S9

**p**: 604.443.8484 **f**: 604.443.8393 **e**: cstudies@vcc.ca

www.vcc.ca

Please submit to the Continuing Studies Office, Room 203

Full-time and part-time students must complete this form to determine if all credential requirements have been met.

- This form must be submitted two (2) weeks before completing your program.
- All courses and credits required (including transfer credits from other institutions) must be on your VCC transcript to be considered as qualifying for graduation.
- The name on the credential will be taken from VCC student records. Requests for variations from this must be supported by an official document.

Personal info	rmation					
rersonal info	rmation			ı	1	1
					Student ID	
Last name (family name)		First name				
Address					• • • • • • • • • • • • • • • • • • • •	
City		Province	Postal cod	de		
Phone		Email				
□Mail Diploma/Certificate to the above address			□ <b>Hold</b> Diploma/Certificate for pick up			
Signature			Date	• • • • • • • • • • • • • • • • • • • •		
Program info	rmation					
I am applying for a:	Diploma □ Certificate Exped	ted date of progra	m completion (MM	//YYYY):		
_						
Program name:						
CS Office use	e only					
☐ No funds outstanding						
Graduation approved	Program coordinator			Dat	e (DD/MM/)	YYYY)
	Name of credential to be granted		D	ate on cred	ential (MM/`	YYYY)
	Return to program assistant by (DD/MM/YYYY)	Mailed (DD/I		Awarde	d (DD/MM/`	YYYY)
	, ,					
6						
Graduation <b>denied</b> $\square$	Reasons					

The information on this form is collected under the authority of the BC Freedom of Information and Protection of Privacy Act (1996) and is needed to process any changes in your student record. If you have any questions about the collection and use of this information contact the Registrar's Office.