

Application for Graduation

PERSONAL INFORMATION

Student Number

Legal Name

Last Name

First Name:

Middle Name (*no initials*)

Mailing Address

City

Province

Postal Code

Telephone

Cell

Other

Email

CREDENTIAL APPLYING FOR *Refer to College of the Rockies website for program information <https://cotr.bc.ca/programs/>*

Please select the credential and enter program in the space provided:

Degree Associate Degree Diploma Certificate Program: _____

When you expect to complete your program:

Month

Year

DOCUMENT DELIVERY / CONVOCATION *Please select ONE option only*

ATTENDING the convocation ceremony.
*\$35 grad package fee must be enclosed
(non-refundable)*

NOT ATTENDING the convocation ceremony.
Mail documents to the above address.

College of the Rockies convocation ceremony information: <https://cotr.bc.ca/student-services/registrar/convocation/>

IMPORTANT NOTE:

*Documents **will not** be released if there are outstanding fees or fines. Your credential will be printed with your legal name (name used in attendance during your enrolment at the College).*

Stay connected. [Register HERE](#) for the College of the Rockies Alumni Network or visit the [College of the Rockies Alumni](#) web page.

DECLARATION

Freedom of Information/Protection of Privacy

The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on this form is used in the normal course of College operations in accordance with this legislation.

Please read the following before signing:

I declare that the information contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.

Signature: _____

Date: _____

REGISTRAR'S OFFICE USE ONLY

Date Received: _____
Received By: _____
Grad Fee Paid: _____

Credential Granted: _____
Date Processed: _____
Processed By: _____