

## 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(non-refundable) graduation fee must be enclosed

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

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

#### IMPORTANT NOTE:

Documents **will not** be released if there are outstanding fees. 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: \_\_\_\_\_

### OFFICE OF THE REGISTRAR USE ONLY

Date Received: \_\_\_\_\_

Credential Granted: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Grad Fee Paid: \_\_\_\_\_

Processed By: \_\_\_\_\_