COLLEGE OF THE ROCKIES

Enrolment Services
2700 College Way, Box 8500
Cranbrook, BC | V1C 5L7

250-489-8237 | 250-489-8219 Fax
1-877-489-2687 Toll Free Scan and
email to: reghelp@cotr.bc.ca

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:	_____