



3100 Foul Bay Rd
Victoria, BC
V8P 5J2

Application to Graduate/ Request for Credential

Certificate, Diploma, Degree

Document will not be released if fees or fines are owed to the college.

Name:		
Address:		
City:	Province:	Postal Code:
Phone Number: ()	Cell Number: ()	
Email Address:		

Student #: C _____

<p>Month/Year you expect to complete your program:</p> <p>_____, 20__</p> <p style="text-align: center;">Month Year</p>

Previous Name (if applicable)

Transfer Credit Pending

My current mailing address is indicated above. Yes No

1. Please print name of the credential (use a separate form for each credential) for which you are applying **exactly as it appears in the college calendar**:

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with **Co-operative Education** Designation? Yes No with **Internship** Designation? Yes No

2. Print your name **exactly** as you want it to appear on your document and in College promotion of graduation:

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3. Student Signature: _____ Date: _____

Congratulations on the successful completion of your studies. We welcome you to the Camosun College Alumni Association. If you **would like** to receive information from the Association, please check here:

Allow 4 - 6 weeks from your last day of exams for processing.

Student Signature required for release of credential.

Credentials are mailed to graduates.

A \$10.00 processing fee is required for **duplicate** credentials.

FOR OFFICE USE ONLY:	
Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessed By: _____ Entered By: _____
Completion Date: _____	Assessed Date: _____
CCD or DEGREE: _____	SPECIALIZATIONS or MAJORS: _____