

APPLICATION FOR CERTIFICATE CONTINUING EDUCATION

Students who have completed their program through part-time studies in Continuing Education must complete this form to receive their certificate.

If you plan to attend the Convocation Ceremony a \$49.00 fee is assessed. Please indicate if you plan to attend the Convocation Ceremony.

I will attend (fees attached)

I will not attend (certificate request only)

Print your name exactly as you want it to appear on your certificate. Space is limited to a maximum of three names. Please do not use Sr. /Jr. or nicknames. Please return this form to the Continuing Education Department in room #161 at the South Campus.

Name: _____
First Name Middle Name Last Name

Address: _____
Street

City Province Postal Code

Telephone: _____ Email: _____

Student Number: _____

Program of Study: _____

Signature: _____ Date: _____

*Only fill out this section if you plan to attend the Convocation Ceremony

Visa: _____ Expiry Date: _____

MasterCard: _____ Expiry Date: _____