CAMOSUN COLLEGE
Student Services

3100 Foul Bay Rd
Victoria, BC
V8T 5J2

# Application to Graduate/ Request for Credential

**Certificate, Diploma, Associate Degree, Applied Degree**

*Document will not be released with outstanding fees or fines*

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

Student #: **C** _____

***Month/Year you expect to complete your program:***

_____ , 20__
*Month* *Year*

☐ **Transfer Credit Pending**

| |
|---|
| Previous Name (if applicable) |

**Would you like us to update your address?** ☐ 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**:

   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:

3. Student Signature: _____ Date: _____

Congratulations on the successful completion of your studies. We welcome you to the Camosun College Alumni Association. If you prefer ***not*** 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:** ☐ Yes ☐ No **Assessed By:** _____ **Entered By:** _____

**Completion Date:** _____ **Assessed Date:** _____

**CCD or DEGREE:** _____ **SPECIALIZATIONS or MAJORS:** _____

1-877-554-7555 | 250-370-3550 | info@camosun.ca | Lansdowne fax 250-370-3551 | Interurban fax 250-370-3750

*White Copy - Division/School* *Yellow copy - Student Records*