CAMOSUN COLLEGE
Student Services

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** _____

Month/Year you expect to complete your program:

_____ , 20__
Month *Year*

☐ **Transfer Credit Pending**

Previous Name (if applicable)

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**:

   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*