



GRADUATION APPLICATION

Student No.: _____

Current Credential* Received:

Phone No.: _____

Late Credential (\$25) ***

Backdated Credential (\$25)** Pick Up Mail

First Nations, Metis, or Inuit

International Student

MAILING ADDRESS: P.O. BOX 2503, NEW WESTMINSTER, B.C. V3L 5B2 FAX: 604- 527-5696

1. **PRINT** your name **EXACTLY** as you wish it to appear on your award. (**DO NOT USE BLOCK CAPITAL LETTERS**).

2. NAME: _____
(First Name(s) (Last Name)

3. ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMAIL: _____

4. I am planning to attend the graduation ceremony: YES _____ NO _____

If you are planning to attend the Graduation ceremony, indicate with an X if the following services are required:

Interpreting: _____ Special assistance: _____

5. I expect to graduate in: FEBRUARY _____ JUNE _____
YEAR YEAR

6. I have/will complete all required courses by the end of the _____ semester

7. I expect to receive the following credential:

- | | | |
|---|--|--|
| CE Certificate <input type="checkbox"/> | Associate Degree <input type="checkbox"/> | Co-Op Designation <input type="checkbox"/> |
| Training Group <input type="checkbox"/> | Bachelor Degree <input type="checkbox"/> | (Diploma or higher credentials only) |
| Certificate <input type="checkbox"/> | Post-Degree Diploma <input type="checkbox"/> | (Two COOP courses must be taken to |
| Diploma <input type="checkbox"/> | Graduate Diploma <input type="checkbox"/> | receive the Co-Operative designation) |

Program: _____ Specialization: _____
(EG. Business Management - General Business Diploma)

8. I will be transferring additional courses towards completion of my graduation from: _____
NOTE: In order for your course transfer to be processed you must complete the following 8 weeks prior to Graduation:
1) complete a transfer of credit form and submit to the Registrar's Office
2) submit an official transcript of courses to be transferred.

IF YOUR COURSES ARE IN PROGRESS AT ANOTHER INSTITUTION, WHICH YOU NEED TO TRANSFER IN ORDER TO GRADUATE, PLEASE ATTACH AN UNOFFICIAL TRANSCRIPT FOR THOSE COURSES.

9. I require a confirmation letter to be sent to the following institution: _____
A confirmation letter will be sent to this institution informing them of your expected graduation date.

10. I have been given formal approval for the following Course Substitution/Waivers (please submit with application):

NOTE: IT IS THE STUDENT'S RESPONSIBILITY TO ATTACH ANY ADDITIONAL SUPPORTING DOCUMENTATION REQUIRED FOR GRADUATION, IE: FIRST AID CERTIFICATE, OFFICIAL TRANSCRIPTS, ETC.

APPLICATION MAY BE MADE FOR ONLY ONE AWARD IN RELATED FIELDS OF STUDY & WILL BE GRANTED FOR THE HIGHEST ELIGIBLE AWARD ONLY. TO CLAIM A 2ND CREDENTIAL EITHER IN THE SAME OR OTHER GRADUATION TERM, AN ADDITIONAL 50% OF NEW COURSE WORK MUST BE COMPLETED.

*Students are eligible to receive graduating awards upon completion of program requirements provided they apply for the graduation ceremony that immediately follows the completion date or one ceremony after the program completion date. **All other awards are considered backdated and a fee of \$25.00 will be required prior to the ordering of the award. (Subject to change without notification). ***Late applications for current ceremonies are accepted with a fee of \$25.00. All applications received after final deadline (April 15th for Summer Ceremony and December 15th for Winter Ceremony) will be forwarded to the next graduation ceremony.

Any changes or corrections that are not reported to the Graduation Officer (604) 527-5391 immediately and result in the misprinting of an award will result in the student bearing any and all associated costs. The current price for reprinting is \$25.00. (Subject to change without notification). Watch for graduation application deadlines.

I have read and understand the following information on the graduation application and verify that all information I have provided is true and correct to my knowledge.

Student Signature _____ Date _____ (see over)

FOR OFFICE USE ONLY

Evaluation for _____ Graduation _____ Ready to Graduate

____ For graduation REQUIRE: _____ all courses in current program of study _____

____ only courses listed: _____

____ documentation listed: _____

____ Not ready to Graduate. REQUIRE: _____

SIGNATURE - GRADUATION OFFICER _____ DATE _____

07/15

VISA/MC#: _____ Expiry Date: _____

Collection and Use of Personal Information

The College maintains a database of information regarding its graduates, which is used from time to time to communicate to graduates. The database contains personal information such as the name, address and contact information (telephone and email) for graduates, as well as certain information regarding the graduate's program of study at the College.

The College shares the information in the database with the Douglas College Foundation (the "Foundation") and the Douglas College Alumni Association (the "Alumni Association"). The College, the Foundation and the Alumni Association are all bound by the Freedom of Information and Protection of Privacy Act and the College's Privacy Policy, which can be found at <http://www.douglas.bc.ca/library/fippa.html>.

The College, the Foundation and the Alumni Association may use the information in the database to communicate to graduates regarding:

- News regarding the College, the Foundation and the Alumni Association, including email updates, newsletters and similar materials;
- Information regarding programs and services offered to graduates and their families by the College, the Foundation and the Alumni Association;
- Requests for fundraising for the benefit of the College, the Foundation and the Alumni Association;

In addition, the Alumni Association may enter into affinity agreements with third parties whereby the third parties may access certain information in the database for the purposes of corresponding with graduates with information regarding commercial products and services available to graduates and their families. In each case where the Alumni Association enters into a third party affinity agreement, the Alumni Association will take steps to protect the confidentiality of any personal information disclosed to the third party. The Alumni Association will also permit any graduate to withdraw its consent, at any time, to the disclosure or further disclosure of any personal information to any third party.

Consent to the collection and use of personal information as provided herein is voluntary. No information will be collected or used without the consent of the graduate.

The undersigned:

Student name: _____
Signature

Student # _____

CONSENTS

DOES NOT CONSENT

to the collection of personal information by the College, the Foundation and the Alumni Association, and the use of such information as provided herein.

In the event that no box is checked above, it will be assumed that consent is given.

"To comply with Canada's Anti-Spam Law (CASL), which came into effect on July 1, 2014, Douglas College is requesting express consent from all persons who wish to continue to receive electronic communication from the College. **If you wish to continue to receive electronic communications from Douglas College-please check the consent button to let us know that you would like to continue to receive electronic communication from Douglas College.**

If you have any questions, please feel free to contact:

Douglas College Alumni Association

PO Box 2503

New Westminster, BC

alumni@douglascollege.ca

604-777-6171

You may withdraw your consent and unsubscribe from the College's E-Communications at any time, (by clicking on the link contained in the E-Communications or by contacting the address above.)