



Langara College
 100 West 49th Avenue
 Vancouver, B.C. V5Y 2Z6
 Tel: 604.323.5322
 Fax: 604-323-5899
www.langara.bc.ca/cs

Application for Graduation/Certificate

Continuing Studies

Date _____ **Name of Program** _____
 (If graduating from more than one program, submit a separate application for each)

Graduation takes place in Spring. Applications must be received by April 15; Certificates can be issued without attending the Graduation Ceremony. Applications for Certificates take 3 - 4 weeks to process.

Please provide your legal name (as it appears in our records): _____

Langara ID # _____ **or Birthdate:** _____

1. Please print your name as you wish it to appear on your certificate

First Name _____ Family Name _____

Apt#, Street Address _____ Home Phone _____

City _____ Province _____ Postal Code _____ Work Phone _____

Email Address _____ Cell Phone (Optional) _____

2. Please check one of the following: Certificate to be picked up Certificate to be mailed

3. Please forward application to Langara College Continuing Studies.

IMPORTANT INFORMATION

- Have you completed all completion requirements for the certificate? Yes No When _____
- If you have deviated from the prescribed curriculum for your program, you must write to the Program Coordinator for approval of any exemptions/substitutions.
- You will not be permitted to graduate if you have any outstanding debts (fees, library fines, overdue books/equipment) with the College
- Your name on the credential will be the same as in our Student Records. Any name change request should be supported by an official name change document.
- Unless otherwise notified in writing, your name, address, phone number, credential received, and year graduated will be provided to the Langara College Foundation and Alumni Council. Your name will also be published in the graduation program.

 Student's Signature

YOUR FEEDBACK IS IMPORTANT

Langara College strives to improve the quality of our offerings. An important aspect to achieve this is through student feedback. Please indicate if you would be interested in participating in graduate surveys and/or possible testimonials about the program.

Yes, I'm interested *No, I'm not interested*

APPROVAL

The student has met all completion requirements for the certificate program. _____
Program Manager/Coordinator

Office Use Only: Approved _____	Date _____
---	------------