VANCOUVER ISLAND UNIVERSITY

# Application for Certificate or Diploma

**Section One ~ To be completed by student and submitted to the Program Department Chair.**

Please answer all questions fully. Incomplete forms will not be processed.

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|---|---|---|---|---|---|---|---|---|---|---|

**STUDENT NUMBER**

Please print clearly. Your name will appear on your parchment as printed below.

**SURNAME**

**GIVEN NAMES** (*Leave One Space Between Names*)

**Mailing Address:** _____

**City / Prov / Postal Code:** _____

**Telephone:** **(  )** _____

☐ Certificate or ☐ Diploma requested: _____

Month and Year when all course requirements met: _____

**Section Two ~ To be completed by Department Chair:**

Please review this applicant's eligibility for the above-requested certificate or diploma and return the completed form to the Records Department, Building 200.

Name of certificate or diploma student is eligible for:

_____

☐ Request APPROVED. Date requirements met (YYYY / MM / DD): _____

☐ Request NOT APPROVED. Comments: _____

_____

_____

_____

**Signature:** _____ **Date:** _____

** Please return to Records Department, Building 200**

**Section Three ~ To be completed by Records Department:**

Date Application Received in Records: _____ Date Parchment Mailed: _____