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.

			-				-			

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:** _____

Print name: _____

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

Section Three ~ To be completed by Records Department:

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