

Application for Graduation

Please submit this form to the Office of the Registrar Cranbrook Campus either in person, mail or fax
Office of the Registrar, 2700 College Way, Box 8500, Cranbrook B.C., V1C 5L7
Telephone: 250-489-8237 Fax: 250-489-8219

Personal Information (please print clearly):

Student Number: c _____

Legal Name: _____

Last Name First Name Middle Name (no initials)

Mailing Address: _____

City Province Postal Code

Telephone: Home (_____) _____ Cell or other (_____) _____

Email Address: _____

Credential applying for:

(Refer to College of the Rockies Calendar for program information at www.cotr.bc.ca/program-calendar)

Please circle credential and enter program in the space provided:

Degree / Associate Degree / Diploma / Certificate Program: _____

Month / Year you expect to complete your program: _____, 20____

Month Year

Document Delivery / Convocation (Please select ONE option only):

College of the Rockies convocation ceremony information: www.cotr.bc.ca/grad

I Will **Attend** the convocation ceremony.
\$20 grad package fee must be enclosed (*non-refundable*)

I Will **Not Attend**. Mail documents to the above address.

Note:

*Documents will not be released if there are outstanding fees or fines.
Your credential will be printed with your legal name.
(name used in attendance during your enrolment at COTR)*

I am interested in receiving College of the Rockies
Alumni program and initiative information.

Yes No

Declaration and Signature:

I understand that the certificate, diploma, degree will be issued to me at graduation ceremony or will be available to me after that date. I accept the College of the Rockies will publish my name in the convocation program and local newspapers. I authorize College of the Rockies to publish my photo on the College website for download for a limited amount of time. If submitting this form electronically, enter your name in the box below, otherwise sign on the line provided.

REGISTRAR'S OFFICE USE ONLY

Date Received: _____

Received by: _____

Grad Fee Paid: _____

Credential Granted: _____

Date Processed: _____

Processed by: _____

Signature: _____

Date: _____