



# Application for Graduation Centre for Continuing Studies

**Downtown campus**  
250 West Pender St.,  
Vancouver, B.C. V6B 1S9

p: 604.443.8484  
f: 604.443.8393  
e: cstudies@vcc.ca

www.VCC.CA

Please submit to the Continuing Studies Office, Room 203

**Full-time and part-time students must complete this form to determine if all credential requirements have been met.**

- This form must be submitted **two (2) weeks** before completing your program.
- All courses and credits required (including transfer credits from other institutions) must be on your VCC transcript to be considered as qualifying for graduation.
- The name on the credential will be taken from VCC student records. Requests for variations from this must be supported by an official document.

## Personal information

Student ID 

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.....  
Last name (family name) First name

.....  
Address

.....  
City Province Postal code

.....  
Phone Email

**Mail** Diploma/Certificate to the above address

**Hold** Diploma/Certificate for pick up

.....  
Signature Date

## Program information

I am applying for a: Diploma Certificate Citation Expected date of program completion (MM/YYYY): .....

Program name: .....

## CS Office use only

No funds outstanding

Graduation **approved**  .....  
Program coordinator Date (DD/MM/YYYY)

.....  
Name of credential to be granted Date on credential (MM/YYYY)

.....  
Return to program assistant by (DD/MM/YYYY) Mailed (DD/MM/YYYY) Awarded (DD/MM/YYYY)

Graduation **denied**  .....  
Reasons

The information on this form is collected under the authority of the BC Freedom of Information and Protection of Privacy Act (1996) and is needed to process any changes in your student record. If you have any questions about the collection and use of this information contact the Registrar's Office.