

**APPLICATION INFORMATION**

This form may be mailed, faxed, or scanned/photographed and emailed, or presented in person to:

**Continuing Studies, Langara College** – 100 West 49th Avenue, Vancouver, BC, V5Y 2Z6 or [csgrad@langara.bc.ca](mailto:csgrad@langara.bc.ca) or fax 604-323-5899

**IMPORTANT INFORMATION**

1. Graduation takes place in June. Applications must be received by February 1<sup>st</sup>\*; certificates can be issued without attending the Convocation Ceremony.
2. If you have deviated from the prescribed curriculum for your program, you must write to the program coordinator for approval of any exceptions/substitutions.
3. You will not be permitted to graduate if you have any outstanding debts (fees, library fines, overdue books/equipment) with the College.
4. Unless otherwise notified in writing, your name, address, phone number, credential received, and year graduated will be provided to the Langara Foundation and Alumni Council. Your Name will also be published in the Convocation Program.

**STUDENT INFORMATION** (Your name on the credential will be the same as in our Student Records. Name change requests must be supported with official documentation.)

Name:	Langara I.D.:	DOB:
Telephone No.:	Email Address:	

NOTE: THE ADDRESS INFORMATION PROVIDED BELOW WILL BE USED TO UPDATE YOUR STUDENT RECORD. Ensure your address is kept up-to-date on myLangara, **especially** if you are not attending the ceremony.

Address:	City:
Province:	Postal Code:
	Country:

**FULL NAME OF CREDENTIAL(S)** including concentration/option being applied for:

Program Name:	Concentration (if any):
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Have you completed all required courses and credits for this credential? Yes  No  When? Month \_\_\_\_\_ Year \_\_\_\_\_

**CONVOCATION CEREMONY INFORMATION – Convocation takes place in the first week of June** (A third-party photography company will be photographing graduands as they cross the stage during convocation. Langara College will provide the photography company with your name, telephone numbers, email addresses, and mailing addresses for graduates attending the ceremony for mailing proofs.

I **will** attend the Convocation Ceremony. Information regarding ceremonies and regalia fees will be sent to students closer to Convocation.

I will **NOT** attend the Convocation Ceremony, my parchment will be:  Pick-up by me  Sent by regular mail (no charge)

**AGREEMENT (only to be signed by students attending ceremony)**

I understand that the ceremonies are live-streamed on the Web, and I understand that any pictures of graduates or the event may be shown on the College website and may be used for promotion of future convocations. I have read, understood, and agree with the statements within this application.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT METHOD FOR FAX, EMAIL OR MAIL-IN REQUEST:**

Check one:  Cheque  Visa  Mastercard

Name on Card:	Card Number:	Expiry:
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**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 am interested  No, I am not interested

**OFFICE USE ONLY**

Comments/Notes:	SPAIDEN <input type="checkbox"/>	GP <input type="checkbox"/>
	SGASTDN <input type="checkbox"/>	PF <input type="checkbox"/>
	SHADEGR <input type="checkbox"/>	AP <input type="checkbox"/>
	SHACATT <input type="checkbox"/>	NE <input type="checkbox"/>

Student has met all completion requirements for the certificate program: \_\_\_\_\_  
Program Manager/Coordinator Signature Date