

CERTIFICATE REQUEST FORM

Date: _____

Name in full: _____

(Indicate the way you would like your name printed on your certificate)

Address: _____

Telephone Number: _____ Student ID: _____ Birthdate: _____ (e.g. Jan 1, 1995)

Senior Secondary _____	Adult Senior Secondary _____	Accelerated Secondary _____
First Year University:	Arts _____ Commerce _____ Computer Science _____	Gen. Studies _____ Science _____ Social Science _____ Engineering _____
Second Year University:	Arts _____ Commerce _____ General Studies _____	Social Science _____
Associate Degrees:	Arts (General) _____ Arts (Communication) _____ Arts (Business Admin) _____	Arts (Econ) _____ Arts (Psychology) _____ Arts (PSCI) _____
	Science (General) _____ Science (CSCI) _____	Science (Math) _____
Please mail to the above address _____ OR Pick UP _____ (recommended)		
ONLY ONE CERTIFICATE OF ANY SINGLE TYPE WILL BE ISSUED TO EACH STUDENT		

*** OFFICE USE ONLY***

Approved by: _____
High School Completed (As per transcript) _____ Date: Sent: _____

*****PLEASE NOTE: TEN (10) DAYS ARE REQUIRED FOR PROCESSING*****

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