

APPLICATION FOR GRADUATION



Please submit this form to the Office of the Registrar (Kelowna), the Administration Office at any campus or mail or fax to:
Office of the Registrar, 1000 KLO Road, Kelowna, BC V1Y 4X8 Fax: (250) 862-5466

Trades students: please use this [application](#). **Continuing Studies** students: please use the application linked on [this page](#).

PERSONAL INFORMATION

This form is fillable online. If you encounter issues, ensure you have downloaded [Adobe Reader](#). Please print clearly if filling out by hand. Include your full legal name as it appears on your primary identification.

Student Number: _____ Former **OUC** Student: No Yes: # _____

Full **Legal** Name: _____
Surname First Name Middle Name(s)

Mailing Address: _____
Street

City Province Postal Code

Primary Phone #: _____

Email Address: _____

CREDENTIAL INFORMATION

Refer to the [Okanagan College Calendar](#) for program information.

Degree Diploma Certificate Program: _____

Option Emphasis Specialty (if applicable): _____

Program Start Date (if known): ____/____/____
DD MM YYYY

Estimated Date of Completion: ____/____/____
DD MM YYYY

DOCUMENT DELIVERY OPTIONS

Please select **ONE** only:

For a list of ceremonies, dates, and eligible programs, please [click here](#).

ATTEND: Please indicate ceremony:

Kelowna (**JANUARY**) **OR**

Kelowna (**JUNE**) **OR**

Vernon (**JUNE**)

\$30 non-refundable gown rental/hat fee must be enclosed

Height: _____ Gown Size: Regular Fit **OR** Full Fit*

*FULL FIT IF: 4'6" – 4'8" over 140 lbs 5' – 5'2" over 165 lbs 5'3" – 5'5" over 195 lbs 5'6" – 5'8" over 225 lbs

5'9" – 5'11" over 255 lbs 6' – 6'2" over 275 lbs 6'3" – 6'5" over 300 lbs 6'6" – 6'8" over 350 lbs

MAIL

Okanagan College convocation ceremony information: www.okanagan.bc.ca/ceremonies

DECLARATION AND SIGNATURE

I accept that Okanagan College will publish my name in the convocation program. I authorize Okanagan College to publish my photo on the College website for download for a limited amount of time. I also authorize my personal information to be disclosed for the purpose of Okanagan College and alumni associate programs and initiatives, including marketing products or services.

Signature: _____ Date: _____