BC CAMPUS 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 Telephone: (250) 762-5445 Fax: (250) 862-5466

This application is only for students who have taken an OFFICE ADMINISTRATION program through the BC Campus program by distance.

okanagan college

PERSONAL INFORMATION Please <u>print clearly</u> and include your full legal name as it appears on your primary identification.

Student Number:					
Full Legal Name:	Surname	First Name	Mi	ddle Name(s)	
Mailing Address:	Street				
	City		Province	Postal Co	de
Primary Phone #:	()				
Email Address:					
CREDENTIAL INFORMATION Refer to Okanagan College Calendar for program information at www.okanagan.bc.ca/calendar					
Certificate Program:					
Program Start Date: // Estimated Date of Completion: // DD MM YYYY DD MM YYYY					
DOCUMENT DELIVERY OPTIONS Please select ONE only:					
ATTEND: Please indicate ceremony: C Kelowna (JANUARY) OR Kelowna (JUNE) OR Vernon (JUNE) \$30 <u>non-refundable</u> gown rental/hat fee must be enclosed					
Height:	Gowr	n Size: 🗌 Regul	ar Fit OR	□ Full Fit*	
*Full fit if:	: 4'6" – 4'8" over 140 lbs 5'9" – 5'11" over 255 lbs	5' -5'2" over 165 lbs 6' – 6'2" over 275 lbs	5′3″ – 5′5″ over 195 lbs 6′3″ – 6′5″ over 300 lbs		
PICK-UP: Indica	ate campus location: \Box	Kelowna 🗌	Penticton	□ Salmon Arm	□ Vernon
Okanagan College convocation ceremony information: <u>www.okanagan.bc.ca/ceremonies</u>					
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:					