

Section A: Student Information

Student Name: <i>(First, Middle, Last)</i>		Previous Name: <i>(if applicable)</i>	
Student Number:		Date of Birth:	
Home Phone:		Alternate Phone:	
Email Address:			
Home Address: <i>(Apt #, Street, City, Province)</i>			Postal Code:
Reason for Replacement/Status of Original Copy:			Do you still have the original credential in your possession? No Yes

Signature:	Date Signed:
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Section B: Graduation Information

Name of Program You Graduated From:	
Date Graduated:	Campus Attended:

Section C: Credential Option, Payment & Delivery Option

Print Copy: \$30.00	Mail <i>(To Address Listed Above)</i>	Pick-Up <i>(From Registrar's Office - Photo ID Required)</i>
Digital Copy: \$15.00	MyCreds <i>(You will receive an email from MyCreds™ to the email address provided above, indicating a new document is available.)</i>	
Payment Options:	Online <i>(Credit Card)</i>	Online Banking

SECTIONS BELOW ARE FOR OFFICE USE ONLY

Front Line Staff <i>(Detail Code: TR04)</i>	Grad Status Confirmed <i>(Do not accept payment until confirmed)</i>	Fee Collected by:	Date:
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FOR SPECIALIST USE ONLY

Convocation/Records Use	Student Name:		
	Program Name:		
	Diploma Date:	Honours	Co-op
	Credential:	Liabilities Cleared	
	Processed By:	Date:	Mail Pick-Up
	Notes:		