

APPLICATION FOR REPLACEMENT CREDENTIAL

 Registrar's Office, Birch Building, room BR230, 2055 Purcell Way, North Vancouver, B.C. V7J 3H5
 Tel: 604 984 4900 Email: registration@capilanou.ca
PLEASE READ CAREFULLY

You must submit an **Application for Replacement Credential** in order to receive your replacement credential. There is a \$35.00 charge for the replacement credential.

Please note:

If you have not applied for graduation you must do so online in order to receive your credential.

PERSONAL INFORMATION – PART 1

LEGAL LAST NAME	LEGAL FIRST NAME	STUDENT NUMBER
DATE OF BIRTH	EMAIL ADDRESS	PHONE NUMBER
STREET ADDRESS		CITY
PROVINCE	COUNTRY	POSTAL CODE

PICK-UP OR MAILING INSTRUCTIONS – PART 2 Choose one only

Mail to the address above I will pick up my request (photo ID required)

CREDENTIAL INFORMATION – PART 3
I WOULD LIKE TO RECEIVE A REPLACEMENT CREDENTIAL FOR

- | | | | |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> BACHELOR DEGREE | <input type="checkbox"/> ADVANCED DIPLOMA | <input type="checkbox"/> ADVANCED CERTIFICATE | <input type="checkbox"/> CITATION |
| <input type="checkbox"/> ASSOCIATE DEGREE | <input type="checkbox"/> DIPLOMA | <input type="checkbox"/> CERTIFICATE | <input type="checkbox"/> OTHER |

CONCENTRATION (if applicable): _____

(e.g. Concentration in Creative Writing)

 PROGRAM: _____
(e.g. Associate of Arts Degree)

 I GRADUATED ON: _____
(Month/Day/Year)

In signing this Application for Graduation Assessment form, I understand that this information may be used for the purposes of graduation, research, alumni and foundation office, student association, and other purposes consistent with the mandate of the institution. Capilano University reserves the right for the Registrar to share information with other post-secondary institutions in situations where an applicant has been found to have falsified documents or other information on their Application for Graduation Assessment. Your information is collected and used in compliance with the B.C. Freedom of Information and Protection of Privacy Act.

Your personal information may be released to the Public Affairs Office for the purpose of preparing a news release. If you have any questions about the collection and use of this information, contact the Registrar's Office at 604.984.4900.

SIGNATURE: _____ DATE (MM/DD/YYYY): _____

PAYMENT INFORMATION

If paying by credit card, please include the following information:

MasterCard/Visa Number _____ Expiry Date _____

Name on Credit Card _____ Signature of Cardholder _____