



registered under the



Application to Graduate

Please print in BLOCK LETTERS

(Put a tick in the appropriate boxes)

Effective 16.02.2011

1. Details of Graduant

Student ID # :
Given Name:
Surname:
Preferred name in full:
Phone:
Mobile:
Email:
Fax:

2. Course Undertaken

Course :
Course Major:
Year completed:
Faculty:
Award:
Semester:

3. Graduation Information

Will you graduate in person ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, give reason:
How would you like to obtain your Certificate/Diploma ? <input type="checkbox"/> In person <input type="checkbox"/> Postal
If Postal, provide address :

4. Declaration

I declare that the information provided above is true in every particular.
(Print Name in full)

Date:
(Signature)

REGISTRAR

Name: Signature: Date:

5. Approval (Office Use Only)

Graduation Approved

Graduation Declined.

If Declined, give reason: _____

Detail actions taken: _____

Signature : Date:

(Administration Manager / DOS)