

# Application to Graduate (Part-time Learning)

1. Complete and submit this form to Enrolment Services.
2. You must apply, using this form, to have your academic record audited for graduation.

**Submit completed form:**

BY FAX: 416-289-5232  
 IN-PERSON: Enrolment Services (any campus)  
 BY EMAIL: [studentrecords@centennialcollege.ca](mailto:studentrecords@centennialcollege.ca)  
 BY MAIL: Student Records, Centennial College  
 P.O. Box 631, Station A, Toronto, ON M1K 5E9

Completion of the 'ABOUT YOURSELF' section confirms you are making a change to your permanent address on file. Your degree, diploma or certificate (credential) will be mailed to the permanent address.

Your credential will be produced with your name as it is depicted on your College student record. If it is incorrect, please submit a Change of Name form.

## ABOUT YOURSELF

Student Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## YOUR PROGRAM

Provide the following details regarding the program of graduation.

Name of Program: \_\_\_\_\_

Program Number: \_\_\_\_\_

Starting year of program: \_\_\_\_\_ Ending year of program: \_\_\_\_\_

\_\_\_\_\_  
 Name\* Date

\*This serves as (your official) signature.