

Signature of Student

Graduate Application for Graduation

Office of the Registrar

University of Northern British Columbia 3333 University Way, Prince George, BC V2N 4Z9 **Phone:** 250- 960-6300 **Fax:** 250-960-6330

E-mail: credentials@unbc.ca Web: www.unbc.ca/registrar

Stud	dent #								Birthdate		DD/M	M/YYY	Υ									
Last	t Name								Phone #				-			-	,					
First Name Email @unbc.ca												са										
Note	FINAL SEMESTER ATTENDING CLASS: Select the semester/year when you will complete your final required class/project/thesis/exam. September																					
YoCoUNYoIt i	MPORTANT INFORMATION Your hometown will appear only in the Convocation program as written above. Communication about your Application for Graduation and the Convocation ceremony will be sent to your UNBC email address. You must ensure that the Office of the Registrar has your current mailing address and telephone number. It is your responsibility to ensure that all of your degree requirements are met. Please ensure that ALL registration is in place for your final classes before submitting your application for graduation.																					
	Leading	Certificate inal Child & Youth Mental Health g for Learning Il Education								 ☐ Master of Engineering (MEng) ☐ Integrated Wood Design ☐ Master of Natural Resources & Environmental Studies (MNRES) 												
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