



COQUITLAM COLLEGE

Request for Certificate/Diploma/Degree

Date: _____

Name: _____

Student Number: _____

First Semester: _____

REQUEST (Please check one program)

ASSOCIATE OF ARTS DEGREE: SEMESTER GRADUATED: _____

CERTIFICATE IN ARTS:

CERTIFICATE IN BUSINESS:

CERTIFICATE IN SCIENCE:

CERTIFICATE IN COMPUTER SCIENCE:

DIPLOMA IN ARTS:

DIPLOMA IN BUSINESS:

ENGLISH STUDIES PROGRAM: LEVEL: _____

Please write the address you would like certificate mailed to. (No pickup option at this time.)

Address: _____

Please email this form to kmugridge@coquitlamcollege.com once completed.

OFFICE USE ONLY

Approved By: _____
Counsellor

Certificate/Diploma/Degree Granted as of _____