

Office of the Registrar
 2300 Ryan Road
 Courtenay BC V9N 8N6
 T: 250.334.5217 F: 250.334.5299

NIC STUDENT NUMBER

PERSONAL DATA (print clearly)

Print name (below) **exactly** as you want it to appear on your document

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Address where credential will be mailed

ADDRESS			
CITY	PROVINCE	COUNTRY	POSTAL CODE
PHONE NUMBER		E-MAIL ADDRESS	

Program:

Month/Year you expect to complete or have completed your program.

Have you been given approval for any substitutions or exemptions: Yes No

_____ / _____
 MONTH YEAR

Please indicate if you are in Co-op Education: Yes No

Note: One Complimentary Non-Official Transcript will be included with your credential at no charge.

CREDENTIAL COMPLETED (check one)

DEGREES

- Bachelor of Science in Nursing
- Bachelor of Business Administration
Major _____

ASSOCIATE DEGREES

- Associate of Arts
- Associate of Science

DIPLOMAS

- Adventure Tourism Management
- BC Adult Graduation
- Business Administration Diploma
Option _____
- Bus Admin – Post Degree Diploma
Option _____
- Early Childhood Care & Education
Option _____
- Fine Arts
- Human Services
- IMG – Adv Communication Design
- IMG – Communication Design
- IMG – Web Development

DIPLOMAS (cont'd)

- Tourism & Hospitality Management
- Women's Studies

CERTIFICATES

- Aircraft Structures Technician
- Animal Care Aide
- ABT – Office Assistant I
- ABT – Administrative Assistant
- ABT – Computing Acct Asst
- ABT – Legal Admin Assistant
- ABT – Medical Office Assistant
- ABT – Office Management
- Automotive Service Technician
- Business Administration
- Carpentry Foundation
- Coastal Adventure Tourism
- Drafting
- Early Childhood Care & Education
- Electrical Foundation
- Electronics Technician Core
- Food & Beverage Management

CERTIFICATES (cont'd)

- Health Care Assistant
- Heavy Duty/Commercial Transport
- Heavy Equip Operator Foundation
- Hospital Unit Clerk
- HSW – Ed Asst/Comm Support
- HSW – EA/CS, Indigenous
- HSW – Social Service
- IMG – Web Design
- Industrial Automation Technician
- Joinery/Cabinetmaking Foundation
- Metal Fabrication Foundation
- Plumbing & Piping Foundation
- Practical Nursing
- Professional Cook 1
- Professional Cook 2
- Professional Cook 3
- Professional Photography

If program is not listed, please indicate here: _____

- The information on this form is collected under the authority of the College and Institute Act, and will be used for the purpose shown above. Queries about the collection or correction of personal information should be addressed to the Registrar at the address on the top of this form.
- I give North Island College permission to use my name and achievements in graduation publications or announcements.
- I hereby authorize North Island College to release my student records to the addressee on this form.

_____ Student Signature

_____ Date

FOR SRO USE ONLY

Date Credential Mailed: _____

Prepared by: _____