

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 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	

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 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

 Criminology
 Early Childhood Care & Education
 Option _____
 Fine Arts
 Human Services
 IMG – Adv Communication Design
 IMG – Communication Design
 IMG – Web Development

DIPLOMAS (cont'd)

Industrial Automation Technician
 Social Service
 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

CERTIFICATES (cont'd)

Electronics Technician Core
 Food & Beverage Management
 Health Care Assistant
 Heavy Duty/Commercial Transport
 Heavy Equip Operator Foundation
 Hospital Unit Clerk
 HSW – Ed Asst/Comm Support
 HSW – EA/CS, Indigenous
 IMG – Web Design
 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

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Date Received: _____

Received by: _____