



DUPLICATE GRADUATION CREDENTIAL REQUEST FORM

Students wishing to participate in KPU's Convocation Ceremony must additionally submit a **Convocation Ceremony and Regalia Application Form** by the published deadline. Forms are available online at www.kpu.ca/convocation

Student No.

Student Information – complete in full, PLEASE USE BLACK INK			
Legal Last Name		Legal First Name	
Previous Name (if applicable)		Date of Birth	
Current Address		Apt #	City / Municipality
Province	Country	Postal Code	Telephone
Would you like us to update your current mailing address with the information above?			<input type="checkbox"/> Yes <input type="checkbox"/> No

GRADUATION INFORMATION	
I would like a duplicate of the following credential (select only one):	
<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Certificate
<input type="checkbox"/> Citation	<input type="checkbox"/> Advanced Certificate
<input type="checkbox"/> Diploma	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Post-Baccalaureate
Program: _____ with <input type="checkbox"/> Co-op Education <input type="checkbox"/> Honours <small>(Program Title . E.g. Bachelor of Arts or BBA)</small>	
Major Option: _____ (Please specify. E.g. Psychology, Double Minor)	
Minor(s) Option: _____ (Please specify. E.g. Sociology, or Philosophy and English)	

Method of Payment – complete if submitting by mail or fax; payment (\$25) must be received before duplicate graduation credential request is processed. (Cash and Debit payments accepted for in-person transactions only.)		
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Cheque	Amount	SES PAID STAMP
Card Number	Expiry date	
Name of cardholder (please print)	Signature of cardholder	

Note: Students can submit this form by any of the following methods:

- by fax to **604.599.2086**
- in person at any **Student Enrolment Services** office
- by email to **graduation@kpu.ca**
- by mail to: **Office of the Registrar**
Kwantlen Polytechnic University
12666 72 Ave, Surrey, BC V3W 2M8

Office Use only			
Received Date	Received by initials	\$25 Duplicate <input type="checkbox"/>	Holds <input type="checkbox"/>