

SCHOOL OF  
**GRADUATE STUDIES**



**GRADUATE PROGRAM COMPLETION FORM –  
 CERTIFICATE/DIPLOMA**

The personal information on this form is collected under the authority of the *Royal Charter of 1841*, as amended. The information will be used to process completion for students enrolled in graduate certificates or diplomas.

STUDENT NAME:		STUDENT #:	
E-MAIL:		DEPARTMENT:	
FORWARDING ADDRESS: <i>(Address for completion letter)</i>			

**Certificate/Diploma Name:**

- This is to confirm the above named student has completed the requirements for the graduate certificate/diploma and should be recommended for the awarding of the certificate/diploma.
- The approved program of study completed, is as shown on the attached transcript (*highlight required courses*).
- If applicable, approved course substitutions for the student's program (not outlined under the certificate/diploma requirements in current calendar), are listed below:

Required Course (i.e. GCCR 801)	Substituted Course	Grade
1.		
2.		
3.		
4.		
5.		
6.		

Department/Program Head or delegate:		Date:
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FOR SGS OFFICE USE ONLY:			
Transcript checked by:		Completion Date:	
School of Graduate Studies Approval:		Convocation Session:	