



Student ID	Student Last Name, First Name	
Department		
Specialization		Date of Completion of Program
Cohort (if applicable)		
<p>Complete and forward signed form to Faculty of Graduate & Postdoctoral Studies by the appropriate convocation deadline. Once approved, the student's name will be added to the convocation list. For more information refer to the Calendar 203.20 and the Graduate Program Manual 8.10.</p>		
<p><input type="radio"/> Graduate Certificate</p> <p>List Courses: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Courses completed:</p> <p><input type="checkbox"/> Within Graduate Certificate (GC) program.</p> <p><input type="checkbox"/> Within degree program</p> <p>* Admit term should be no later than the term with the final GC registration.</p>		
<p><input type="radio"/> Graduate Diploma</p> <p><input type="checkbox"/> Ethics requirement met.</p>		
*By signing this form, I certify that the student has met all program requirements.		
Graduate Coordinator/ Dept Chair	Signature	Date (MMM DD, YYYY)

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Faculty of Graduate & Postdoctoral Studies use only:		Signature & Date
<input type="radio"/> Ethics Completed (PG Dip only)	<input type="radio"/> Program Completion Milestone	<input type="radio"/> Expected