Application for Graduation

Broadway campus
1155 East Broadway, Vancouver, B.C. V5T 4V5

Downtown campus
250 West Pender St., Vancouver, B.C. V6B 1S9

p: 604.871.7000, option 8
e: records@vcc.ca

VCC.CA

Please email to records@vcc.ca or submit in person to the Registrar's Office at any VCC campus.

Full-time, part-time and insert students must complete this form to determine if all credential requirements have been met. Refer to policy and procedures 412 Granting of Credentials for more information.

- This form must be submitted a minimum of **two (2) weeks** before expected completion date of your program.
- A graduation fee is applied to all students taking courses/programs which lead to a credential. To be eligible to receive your credential or attend convocation, all outstanding coursework must be completed and all outstanding financial obligations to the College must be resolved
- All students should review their VCC transcript prior to submitting their application for graduation to ensure all courses and credits (including transfer credit and PLAR) are included.
- The credential will be issued with your legal name as it appears in our database. Requests for variations from this must be supported by an official document.
- Review your personal information (including mailing address, email, telephone and first and last name) and your grades online at myVCC.ca.
- The credential will be mailed to the address below.

1. Personal information

Student ID

Legal last name ..... Legal first name .....

Address .....

City ..... Province ..... Postal code .....

Phone ..... Email .....

Signature ..... Date (DD/MM/YYYY) .....

2. Program information

Expected date of program completion (MM/YYYY): .....

I am applying for (check one only): ☐ Bachelor of Applied Music ☐ Bachelor of Hospitality Management

☐ Bachelor of Science in Nursing ☐ Music Diploma ☐ Dance Diploma ☐ Other Program .....

☐ BC Adult Graduation Diploma ☐ University Transfer, (specify program): .....

Registrar's Office use only

Graduation audit completion date (DD/MM/YYYY): .....

Comments: .....

☐ Eligible to Graduate

Name of credential to be granted: .....

☐ Ineligible to Graduate

Rationale: .....

CO_COMA_0072_REOF_20250715

The information on this form is collected under the authority of the BC Freedom of Information and Protection of Privacy Act (1996) and is needed to process any changes in your student record. If you have any questions about the collection and use of this information contact the Registrar's Office.