

## POST-GRADUATE APPLICATION TO GRADUATE

Graduation Administration Fee: the Application to Graduate Form must be accompanied by a \$50.00 payment.

### Student details

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LAST NAME	FIRST NAME	STUDENT ID NUMBER
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### Local Contact Information

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STREET ADDRESS

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CITY	PROVINCE	POSTAL CODE
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TELEPHONE	ALTERNATE TELEPHONE	EMAIL
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### Permanent Contact Information<sup>1</sup>

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STREET ADDRESS

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CITY	PROVINCE/STATE	POSTAL CODE	COUNTRY
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TELEPHONE	ALTERNATE TELEPHONE	EMAIL
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### Home town<sup>2</sup>

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CITY	PROVINCE/STATE	COUNTRY
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### Program of study

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- Master of Fine Arts**
  - in Craft
  - in Fine and Media Arts
  
- Master of Design**
  
- Post-Baccalaureate Certificate in Design**
  
- Visual Arts Certificate for Teachers**
  - Art Specialists
  - Non-Art Specialists
  
- Visual Arts Certificate in Studio**
  - General Practice
  - Discipline: \_\_\_\_\_

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<sup>1</sup> Permanent contact information is required for delivery of grades, transcripts, tax forms, and alumni communications.

<sup>2</sup> Home town information is required for publication in the Graduation Catalogue.

Completion of course work

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The annual graduation ceremony is held in **late April** for students completing their programs in **April**, or the preceding **December**, or **August**.

In which month do you expect to complete course work for graduation?

<b>April</b>	<b>Year</b> _____	Application due October 30	Degree conferred during April graduation ceremony
<b>August</b>	<b>Year</b> _____	Application due February 15	Degree conferred on October 15
<b>December</b>	<b>Year</b> _____	Application due February 15	Degree conferred on February 15

**August and December students ONLY:** please initial if you prefer to receive your parchment during the April graduation ceremony rather than on the date listed above.

Initials: \_\_\_\_\_

Degree certificate

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Print your **legal name** as it should be listed on your parchment.

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Provide a **phonetic** (as it sounds) spelling of your name as given immediately above.

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Declaration

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I declare that I wish to graduate with the degree or certificate indicated above. The information on this form is collected and maintained under NSCAD University policies and Provincial Freedom of Information and Protection of Privacy Act. The information is required by the University to process and approve your Application to Graduate, to prepare the Convocation List and published graduation announcements. By signing this form you agree that your personal information will be transmitted to the NSCAD University Office of University Relations. This office is interested in promoting your achievements and provides information to alumni of special events, exhibitions, reunions, mailings, and group insurance for alumni. If you do not wish to receive mailings from the Office of University Relations please notify the University Relations Office at 902-494-8251.

STUDENT SIGNATURE

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DATE

Day/Month/Year