

NAME OF PROGRAM REQUESTED: _____

- New (\$35.00)
 Replacement (\$20.00)

Year of Completion: _____

Major/Option (if applicable): _____

Student Name: _____
(Print name as you wish it to appear on your credential, but not exceeding 26 characters – spaces included.)

Student Number: _____ Date of Birth: _____

Full Address: _____

Telephone: Home: _____ Work/Cell: _____

Date of Request: _____ email: _____

Please allow four to six weeks for processing.

NOTE:

1. This form should be submitted by students who have completed the final academic requirement for their credential.
2. You may pay by money order or cheque, payable to Algonquin College and mail to:

1385 Woodroffe Avenue
Room C150
Ottawa, ON K2G 1V8.

Credit Card payment information:

- VISA _____ Card Number _____ Expiry Date _____
 MasterCard
 American Express

Cash payments are only accepted at the Registrar's Office, Room C150.

To be completed by Registrar's Office

Amount Paid: \$35.00 \$20.00 Replacement
Receipt Number: _____ Date: _____
Initials: _____
POS: _____ GPA: _____ Date of Credential: _____
H/G
L. _____
D. _____
O. _____
M. _____
GL _____
L. _____