

# APPLICATION FOR CREDENTIAL



A. Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_  
 Full Legal Name to be printed on credential

B. For which credential are you applying?

- Adult Dogwood
- Certificate in \_\_\_\_\_
- Diploma in \_\_\_\_\_
- Associate Degree
  - Arts  Science Specialization

**Note: a \$10.00 processing fee is required for duplicate credentials.**

C. List the courses you have completed, or have been exempted from, for the above noted credential. If you have approved transfer courses from another institution, list the CMTN equivalent.

Course	Number	Course	Number	Course	Number
ABCD	100				

D. Please update my file with the following address:

\_\_\_\_\_ ( ) - \_\_\_\_\_  
 Postal Code Telephone

\_\_\_\_\_ Email

- The information on this form is collected under the authority of the College & Institute Act, and will be used for the purpose shown above.
- I give Coast Mountain College permission to use my name and achievements in graduation or announcements.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Please allow a minimum of four weeks for processing.**

**OFFICE USE ONLY**

Honour Standing:  Yes  No

Approved by: \_\_\_\_\_ Effective Date: \_\_\_\_\_

