



**REGISTRAR'S OFFICE – Records Unit**  
 3000 College Dr. S  
 Lethbridge Alberta T1K 1L6  
 Tel: 403-320-3323  
 Fax: 1-888-819-9803  
[records@lethbridgecollege.ca](mailto:records@lethbridgecollege.ca)

## APPLICATION TO GRADUATE/ CONVOCATE

Please complete and submit this form to the Registrar's Office if you have successfully completed, or are currently enrolled in, the necessary courses to complete your program requirements prior to the end of the 2018-19 academic year (June 30, 2019; or August 31, 2019 for online courses). Further information regarding graduation and convocation will be sent to your Lethbridge College email account.

<b>Last Name – please print:</b>	<b>Full First Name – please print:</b>	<b>Full Middle Name – please print:</b>
<b>Student ID #: S</b>	<b>Date of Birth (Year-Mon-Day):</b> -      -	
<b>Phone:</b> -      -		
<b>PROGRAM NAME (in full):</b>		
<b>Credential</b> (enter "Y" on ONE): ____ Applied Degree      ____ Diploma      ____ Certificate      ____ Other		
Indicate when you expect to complete your program requirements (Year-Month):      -		
<b>If you wish to declare that you are an Indigenous person</b> – enter "Y" on one status: Status Indian/First Nations ____ Non Status Indian/First Nations ____ Inuit ____ Metis ____		

**To participate in Convocation 2019 please complete the following no later than March 31, 2019:**

<b>Will you be attending the Convocation Ceremony</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> I have attached my \$50 NON-REFUNDABLE Convocation Fee	
Method of payment: <input type="checkbox"/> Cash/Debit (In person only) <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cheque (Please make cheques payable to Lethbridge College)	
Credit Card Number:	Expiry Date:
Card Holder's Name:	Signature:
<b>Gown Order</b> Check the space that matches your height: ____ 4'6 – 4'8    ____ 4'9 – 4'11    ____ 5'0 – 5'2    ____ 5'3 – 5'5    ____ 5'6 – 5'8    ____ 5'9 – 5'11    ____ 6'0 – 6'2    ____ 6'3 – 6'8	
<b>Signature:</b>	<b>Date (Year-Mon-Day):</b> - -
Alumni Relations wants you to stay connected. Visit them at <a href="https://lethbridgecollege.ca/departments/alumni-relations/stay-connected">https://lethbridgecollege.ca/departments/alumni-relations/stay-connected</a>	

- The completed form can be:**
- presented in-person at the Registrar's Office (PA1140)
  - faxed to: 1-888-819-9803
  - emailed to: [records@lethbridgecollege.ca](mailto:records@lethbridgecollege.ca)
  - mailed to: Records - Lethbridge College, 3000 College Dr. S, Lethbridge AB T1K 1L6

**Freedom of Information and Protection of Privacy Notification:** The personal information requested on this form is collected and protected under the authority of the Post-secondary Learning Act and the Freedom of Information and Protection of Privacy (FOIPP) Act. Your personal information will be used to determine your eligibility to graduate. If you are eligible to graduate, your name is published in the Convocation program booklet, added to the Alumni database for membership, shared with the Advancement Office for fundraising purposes, and other uses consistent with these purposes. For further details contact [records@lethbridgecollege.ca](mailto:records@lethbridgecollege.ca).

Alberta Advanced Education is collecting personal information pursuant to section 33(C) of the FOIPP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal Learner success. If you have questions regarding the collection activity please contact the Research, Data Collection and Analytics Branch, Alberta Advanced Education, 10155 102 Street, Edmonton AB, T5J 4L5, (780) 415-9570.