

Office of the Registrar Email : graduation@alexandercollege.ca Tel : (604) 435-5815 Fax : (604) 435-5895

## Application for Graduation Associate of Arts Degree

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PERSONAL DETAILS										
Legal First Name	Legal Surname	Student ID Number								
Date of Birth (DD-MMM-YYYY)	Telephone Number	Email Address								

PROGRAM COMPLETION CHECKLIST							
Complete this section by reviewing each program re	OFFICE USE ONLY						
By submitting my Application for Graduation, I decla	,	English (6 credits)	1)	2)			
knowledge I have completed the requirements to gr program, as follows:	raduate from the specified		3) Math, computer science or stats	4) Lab			
REQUIRED: Program Requirements	Science (9 credits)	5) Additional Science					
○ 6 Credits first-year English		6) Humanities	7) Humanities				
$\bigcirc$ 9 Credits in Science, which shall include at least		8) Social Sciences	9) Social Sciences				
○ 3 credits in mathematics, computer scient	ce or statistics		10) Additional Arts	11) Additional Arts			
○ 3 credits in laboratory science		Arts (36 credits)	12) Second-year Arts	13) Second-year Arts			
$\bigcirc$ 36 credits in arts, which shall include:							
$\bigcirc$ 6 credits in humanities, other than English	h		14) Second-year Arts	15) Second-year Arts			
○ 6 credits in social sciences			16) Second-year Arts	17) Second-year Arts			
○ 24 additional credits in arts, 18 of which r	must be taken at the second-	Arts, Science or	18) Elective	19) Elective			
year level in two or more subject areas		Other (9 credits)	20) Elective				
○ 9 Credits Elective	OFFICE USE ONLY						
			No Academic Holds	Initials			
REQUIRED: Program GPA Requirement							
Program GPA of 2.00 (C average) or higher		No Non-Academic Holds	Initials				
			Student Record Complete	Initials			
REQUIRED: Canadian Job Readiness (CJR)		Graduation Officer	Canadian Job Readiness Complete	Initials			
Completion of Canadian Job Readiness (CJR) wor <u>https://canvas.alexandercollege.ca/courses/648</u>	kplace readiness		Total Transfer Credit(s)	Assigned Unassigned			
			Program GPA				
I hereby submit my Application for Graduation follo	wing the term (last term of		Degree Requirements Met	Initials			
study): Fall Winter Spring Summ	er Intensive		Degree Requirements Met	Initials			
		Degree Conferred	Initials				
		Registrar					
Student Signature	Date (DD-MMM-YYYY)		Degree Conferral Date (DD-MMM-YYYY)				

Alexander College is committed to using personal information we collect in accordance with the Personal Information Protection Act (PIPA). By providing personal information on this form, you consent to have the College use the information solely for the purposes of providing academic and student support services. The full College policy is available online at <a href="http://www.alexandercollege.ca">http://www.alexandercollege.ca</a>. Last reviewed: October 2024