



Submit the completed form by email to certificate@coquitlamcollege.com with the subject line "Student Graduation Application Form".

The form must be submitted **two (2)** weeks before completing the program.

All courses and credits required (including transfer credits from other institutions) must be on your Coquitlam College transcript to be considered as qualifying for graduation. Check your grades online at the Student Portal.

Do NOT send a duplicate request as this will delay the processing time.

STUDENT INFORMATION		
Legal Last Name (Family Name)	Legal First Name (Given Name)	Student #
Date of Birth (yyyy/mm/dd)	Country of Citizenship	
Email Address	Telephone Number	
MAILING INFORMATION		
Street Address		
City	Province/State	Postal Code
PROGRAM INFORMATION		
Expected Semester of Program Completion		
CREDENTIAL INFORMATION		
Full Name (as it should appear on your completion package)		
DELIVERY METHOD		
Please select how you'd like to receive your completion package.		
<input type="checkbox"/> Pick Up (Vancouver Campus) <i>An email will be sent to the email address provided when your completion package is available for pick-up. Ensure your contact information is correct.</i>		
<input type="checkbox"/> Mail to Address Listed Above <i>The completion package will be mailed to the address you provided above in the form. Ensure your contact information is correct.</i>		
STUDY PERMIT INFORMATION (INTERNATIONAL STUDENTS ONLY)		
Have you applied for a Study Permit extension? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Study Permit Expiry Date (yyyy/mm/dd)		
DECLARATION OF APPLICANT		
<input type="checkbox"/> I hereby confirm that, to the best of my knowledge, I have fulfilled all the specified graduation requirements.		
<input type="checkbox"/> I affirm that the information provided above is complete and accurate to the best of my understanding.		
<input type="checkbox"/> I consent to receiving communications regarding alumni services from the College. I understand that I may unsubscribe at any time via email.		
Student Signature	Date (yyyy/mm/dd)	
OFFICE USE ONLY		
Academic Advising Approval		
By signing, I hereby confirm that this student meets all the requirements required to graduate.		
Academic Advisor Signature	Degree Granted as of (yyyy/mm/dd)	



Congratulations on reaching this important milestone! Please take a few moments to complete this questionnaire. Your responses will help us understand your plans after graduation and improve the experience for future students.

Career Plans After Graduation

What are your plans after graduation? (Select all that apply)

- ☐ Pursuing further education (e.g., bachelor's degree, vocational training)
- ☐ Entering the workforce (please specify field/industry): _____
- ☐ Starting my own business
- ☐ Other (please specify): _____

If you are entering the workforce, do you have a job or internship lined up?

- ☐ Yes, I have a job/internship
- ☐ No, but I'm actively searching
- ☐ No, I am not currently searching

Your Experience at Coquitlam College

How would you rate the quality of instruction you received during your time at Coquitlam College?

- ☐ Very poor ☐ Poor ☐ Neutral ☐ Good ☐ Excellent

How satisfied were you with the campus facilities (e.g., classrooms, labs, study spaces)?

- ☐ Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very Satisfied

How would you rate the availability and effectiveness of student support services (e.g., academic advising, counseling, career services)?

- ☐ Very poor ☐ Poor ☐ Neutral ☐ Good ☐ Excellent

Did you feel that your program provided you with the skills and knowledge needed for your future career or further education?

- ☐ Yes ☐ No ☐ Somewhat

What aspects of your academic experience would you like to see improved for future students?

Were there any services or resources you feel were missing or could have been more helpful during your studies?

How can Coquitlam College better prepare future students for their careers or further education?

Any additional comments?