

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)	

Student Graduation Application Form

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 for qualifying for graduation. Check your grades online on the Student Portal.

Ensure that ALL sections of the form are filled, including the information in the right-hand corner "Study Permit Information (International Students Only)" if applicable.

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)	
Email Address		Telephone Number	
CURRENT ADDRESS			
Street Address			City
Province/State	Postal Code		Country
PROGRAM INFORMATION			
Expected Semester of Program Completion			
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 current address provided above <i>The completion package will be mailed to the current address you provided above. Ensure your information is correct.</i>			
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)

Student Graduation Survey

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
<p>What are your plans after graduation? (Select all that apply)</p> <p><input type="checkbox"/> Pursuing further education (e.g., bachelor's degree, vocational training)</p> <p><input type="checkbox"/> Entering the workforce (please specify field/industry): _____</p> <p><input type="checkbox"/> Starting my own business</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p>If you are entering the workforce, do you have a job or internship lined up?</p> <p><input type="checkbox"/> Yes, I have a job/internship</p> <p><input type="checkbox"/> No, but I'm actively searching</p> <p><input type="checkbox"/> No, I am not currently searching</p>
Your Experience at Coquitlam College
<p>How would you rate the quality of instruction you received during your time at Coquitlam College?</p> <p><input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Neutral <input type="checkbox"/> Good <input type="checkbox"/> Excellent</p>
<p>How satisfied were you with the campus facilities (e.g., classrooms, labs, study spaces)?</p> <p><input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied</p>
<p>How would you rate the availability and effectiveness of student support services (e.g., academic advising, counseling, career services)?</p> <p><input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Neutral <input type="checkbox"/> Good <input type="checkbox"/> Excellent</p>
<p>Did you feel that your program provided you with the skills and knowledge needed for your future career or further education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat</p>
<p>What aspects of your academic experience would you like to see improved for future students?</p>
<p>Were there any services or resources you feel were missing or could have been more helpful during your studies?</p>
<p>How can Coquitlam College better prepare future students for their careers or further education?</p>
<p>Any additional comments?</p>