

Application for Graduation



Registrar's Office

62 York Street, Sackville, NB
Canada, E4L 1E2
(506) 364-2269 (phone)
(506) 364-2272 (fax)

Last Name	First /Preferred Name	Middle Name	Phone Number ()	E-mail Address	Student ID #
Current Mailing Address (Number / Street / PO Box)		Town/City	Province	Postal Code	MTA Unit #

For those students who wish to graduate at Spring Convocation:

- If you plan to graduate with any degree and/or certificate at Spring Convocation (May), this form must be completed and returned by September 30th of the academic year in which you intend to graduate. If you do not complete this application, you will not be eligible to graduate.
- You are also required to submit a completed a **Degree Audit form** (<http://www.mta.ca/sas/forms.html>) to the Registrar's Office by October 30th of the academic year in which you intend to graduate.

For those students who wish to graduate in October:

- If you plan to graduate with any degree and/or certificate at October Graduation, this form must be completed and returned by September 1st of the academic year in which you intend to graduate. If you do not complete this application, you will not be eligible to graduate.
- You are also required to submit a completed **Degree Audit form** (<http://www.mta.ca/sas/forms.html>) to the Registrar's Office by September 1st of the academic year in which you intend to graduate.

I am applying for: October 20__ Graduation May 20__ Graduation

Please provide the following as you wish it to appear in the Convocation Program and on your Diploma:

Name: _____

Home City/Town _____ Home Province _____ Home Country _____

Please provide the phonetic spelling of your name if you anticipate there might be any problems pronouncing your name at Convocation

Which Academic Calendar are you following to complete your degree requirements? (See 10.1.3) _____

Note: Unless otherwise requested, it is assumed students are following the Calendar under which they entered or were re-admitted to Mount Allison.

Degree expected:	Bachelor of:	Masters of:
	<input type="checkbox"/> Arts	<input type="checkbox"/> Science
	<input type="checkbox"/> Science	
	<input type="checkbox"/> Commerce	
	<input type="checkbox"/> Music	
	<input type="checkbox"/> Fine Arts	

Credentials Expected

Honours _____

Major(s) _____

Minor(s) _____

General (Triple Minor) (B.A. & B.Sc. only) _____

Certificate Expected

Certificate of Bilingualism

Honours Certificate in _____
(for those students who have already graduated with an undergraduate B.A., B.Sc. or B.Comm. degree)

Student Signature

Date
