



REQUEST FOR COLLEGIAL DIPLOMA (D.E.C.)

Last Name: _____ First Name: _____

Student #: _____ Tel. #: _____

Address: _____

Program Title: _____ Program #: _____

Semester of graduation: ___ Fall ___ Winter ___ Summer Year: _____

Number of courses in progress: _____

Student's Signature

Date

FOR OFFICE USE ONLY

The student will graduate under regime ___ 'A' or ___ 'B' or ___ 'C'

DEC requirements have been verified by: _____

___ Student is eligible to graduate ___ Student is NOT eligible to graduate

PLEASE RETURN THIS FORM TO STUDENT SERVICES.