

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

Last Name: _____ First Name: _____

Student #: _____ Tel. #: _____

Mailing 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.