

			Date:					
Continuing Studies Certificate Completion Application Form								
Certificate Completion A	Application For	m						
Please fill out and submit this form of requirements. Forms are processed email confirmation when their certifications are processed emails and the submit this form of the submit this submit this form of the submit this submit the submit	and certificates are pr	epared th	ree times per					
Submit this form by the following de until the next production cycle):	adlines to ensure time	y mail ou	t or pick up (la	ate forms will	not be processed			
Submission Deadline	Mailed Out/Ready for Pick Up							
3 rd Friday of April	May							
3 rd Friday of August	September							
3 rd Friday of November	December/January							
Please return form to:								
Emily Carr University of Art + Design 520 East 1st Avenue, Vancouver BC T 604 844 2904 E cscertificates@	C, V5T 0H2							
Please complete:								
Emily Carr University Student Number		Email Address						
Full Name (this is what will appear of	on your official certifica	te)						
Certificate Program		Completion Term						
Select One:								
Pick Up Certificate from:	Mail Certificate							
Emily Carr University's Student Services office	to:	Mailing Address						
	ιο.	Mailing Address						
		City	Province	Country	Postal			