

Early Childhood Education Program Application To Graduate With Certificate

This is to be completed by students who wish to graduate with a Certificate after successful completion of Year 1 of the Early Childhood Education Program.

Student Name:	
Student Number:	Campus:
Requirements for the Certificate will be met at	t the end of:
Please complete this application and submit to	o the Campus Student Services Office by April 15 th .
-	in Applied Arts in Early Childhood Education after ments. I will not be returning to complete the
Information and Protection of Privacy Act, 2015 (ATIPPA). Student Ser update your academic record. It will only be used for this purpose. All personal information is collected under the authority of the College Astored in accordance with our normal network and information security.	nt of Newfoundland and Labrador, and is therefore subject to the Access to rvices is collecting your personal information to process your request and to personal information you provide may be disclosed to Admissions staff. This Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be rity measures. For further information about the collection and use of this 643-0827. For more information about the ATIPPA please visit
I have read and understand the Privacy Statement above and	consent to the collection and use of this personal information.
Signature of Student	Date
FOR OFFICE USE ONLY:	
Date Application Received:	
Applicant Meets Requirements for Certificate	e: 🗖 Yes 🗖 No
Comments:	
Student Services Representative Signature:	

Copies to: Instructor/IC SS-REG-REGIS-012-16-05-31