

Diploma Order Form

Date:_____

First Name:	Last Name:	Student #:	
Previous Name (First and Last):		
Address:			
City:	Province:	Postal Code:	
Home Telephone: ()	Alternate	Telephone: ()	
Name of Program:			
Graduation Year:			
Please Print Your Name <u>Exact.</u>	<i>l<u>y</u> As You Would Like It To Appe</i>	ar On Your Credential	

Important Information:

- Credential orders are \$20 each
- Bring completed form to any campus, mail in to main Thunder Bay campus or email form to registrationservices@confederationcollege.ca
- Orders take 4-6 weeks to process

Payment Information:

Payment must be received before credential is ordered.

- Call (807)475-6110
- Pay in person at any campus
- Mail cheque to: Confederation College P.O. Box 398, 1450 Nakina Drive Thunder Bay ON Canada P7C 4W1 Payee "Confederation College"

How would you like your Diploma delivered:

Pick up

Mailed to Above Address

For Office Use Only

Granted: Yes No Assessed By Registration Officer: