

Please submit this form to the Office of the Registrar (Kelowna), the Administration Office at campus or mail or fax
Office of the Registrar, 1000 KLO Road, Kelowna, BC V1Y 8X8 Telephone: (250) 762 5445 Fax: (250) 862 5466

PERSONAL INFORMATION Please print clearly and include your full legal name as it appears on your primary identification.

OC Student Number: _____ Former OUC Student: No Yes: _____

Birthdate: _____
DD MM YYYY

Full Legal Name at time of credential
Surname First Name Middle Name(s)

Maiden/Former Name

Mailing Address: _____
Street

City Province/State Postal Code

Primary Phone#: (____) _____

Email Address: _____

CREDENTIAL INFORMATION

Degree Diploma Certificate Program

Option / Emphasis Specialty (if applicable): _____

Program Start Date: _____ Date of Completion: _____ (If known)
DD MM YYYY DD MM YYYY

> / s Z z E PAYMENT INFORMATION

The fee for parchment reprints is \$30.00. Only one copy of the parchment may be requested. Submit completed form and payment using the following options:

Fax: (250) 862 5466 – credit card only (see below for credit card payment information)

Mail: cheque or money order

In Person: cash, cheque, money order or credit card

Credit Card Number: _____ Expiry: ____/____/____