

APPLICATION TO GRADUATE

Emergency Management Division

715 McBride Boulevard New Westminster, BC V3L5T4 T: 604.528.5800 F: 604.528.5798 Email: emdprograms@jibc.ca

This form is used by full- and part-time students to determine if all credential requirements have been met.

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First Name:	Last (Family) Name:	Student #:			
Home Address:					
City/Town:		Province/State:	/State:		
Country:	Postal Code/Zip:	Date of Birth (dd/mr	Date of Birth (dd/mm/yy):		
Home Phone:	Alternate Phone:	Email:	Email:		
Credential: Diploma in Emergency & Secur Bachelor of Emergency & Secur Post Baccalaureate Diploma Di	rity Management Studies				
Graduation ceremonies are held once pe their final course and submit this applica ceremony dates.	•		•		•
For a student to be eligible to attend Corprojects (if applicable). Students who have not be permitted to attend Convocation.	e outstanding financial obligations to th	e Institute at the point of	program cor		
I have/will complete all required course	s by the end of	semeste	∍r. 		
following options	final course and submitted this application to EMD by May 1.				
The personal information is used for purpote determining any financial obligations, an used to facilitate alumni surveys and resestudent names and photographic images graduate achievements in news releases	d other purposes relating to program col earch and to conduct fundraising appeals in communication materials for the pur	mpletion and Convocation JIBC, with the student's	n. The inform consent, ma	nation ay also	is also use
I authorize the JIBC to announce my name in news releases and internal communicate		nication	□ Yes		No
I authorize the JIBC to use my photographic image in news releases and internal communications Yes No					No
Student Signature: Date:					
OFFICE USE ONLY Ready to graduat	e:				
Approved by:		Date:			