

Application to Graduate Certificate Program in Environmental and Occupational Health

PLEASE PRINT CLEARLY

Applica	ation MUST be submitted by deadline:	Feb. 28	vocation – Au ç	g. 15	
Legal r	names to appear on certificate/diploma:	Contact information			
First name		Mailing address			
	e name(s) or initial(s)	(city) Telephone((province)	(postal code)
certifica I accept	ove name will be used on all university records including transcripts, ates and diplomas because they are legal documents. It that the University of Victoria will publish my name in the convocation m and activate my membership in the alumni association.	Cellphone			
,	ire	Important : Notify Continuing Studies immediately with changes to information on this application or if you decide to cancel or postpone graduation.			
Student information Mr Miss Mrs Mrs Dr		FOR OFFICE USE ONLY Received by Date			
UVic student number Home province/state(mandatory)		Approved by Date Student #: V00			
Home o	country (mandatory)				
SEND	YOUR COMPLETED APPLICATION TO:	Method of payn	ment – \$40 g	raduation fee	
Mail	Certificate Program in Environmental and Occupational Health Division of Continuing Studies University of Victoria PO Box 1700 STN CSC Victoria, BC V8W 2Y2 Canada 250-721-6129 250-721-8774 eohprogram@uvic.ca	If you wish to pay by credit card, please call Registration: 250-472-4747			
		☐ Cash (in person	n)	Cheque/Money of University of Victor	rder (payable to the oria)
Phone		Credit cards:	Visa 🗌 Mas	terCard \square Ame	х
Fax Email		personal information section 26 of the <i>Free</i>	on its form purs Edom Information	uant to the <i>University</i> and Protection of Priv	niversity of Victoria collects Act, RSBC 1996, c.468 and Pacy Act. The information Jon and other decisions



relating to your Continuing Studies program. For details on how the information is used, contact Continuing Studies or read UVic Policy 4400, Access to Student Records

at: registrar.uvic.ca/home/documents/access