

# Application for Graduation

Box 960 Maskwacis, Alberta, Canada T0C 1N0  
Ph: 780-585-3925 Toll free: 1-866-585-3925  
Fax: 780-585-2080  
Web: www.mccedu.ca

# Maskwacis Cultural College



**\$150 Graduation Fee Must Accompany "Application For Graduation"**  
**\$50 Alumni Fee**

Academic Program Graduating From:	<input type="checkbox"/> <b>Full Time</b> <input type="checkbox"/> <b>Part Time</b>
<input type="checkbox"/> University Studies Program	<input type="checkbox"/> Early Childhood Development (ECD)
<input type="checkbox"/> Indigenous Social Work Diploma	<input type="checkbox"/> Cree Language Instructor Training Program
<input type="checkbox"/> Teaching Assistant Training	<input type="checkbox"/> Adult Education Program (AEP)
<input type="checkbox"/> First Nations Management Program	<input type="checkbox"/> University/College Entrance Program (UCEP)
<input type="checkbox"/> Indigenous Business Diploma	<input type="checkbox"/> Other: _____

## Name to Appear on Degree, Diploma or Certificate:

First Name: \_\_\_\_\_ Middle Name(Optional): \_\_\_\_\_

Last Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town/Reserve: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Other Phone Number (Cell): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

### Dress/Gown Rehearsal:

Please specify the following for gown fitting: Weight \_\_\_\_\_ Height: \_\_\_\_\_

### Payment Method

Please Choose One Of The Payment Methods:  Cash  Cheque (payable to Maskwacis Cultural College)

Check One Of The Following:  Currently enrolled in final requirements for graduation.

All requirements for graduation completed; Date: \_\_\_\_\_.

**FULL-TIME POST SECONDARY STUDENTS: You will be notified if you have any outstanding fees and/or fines. Diploma or Certificate will be released when all outstanding fees and/or fines have been paid.**

**Notice to Full Time Students Only:** After graduation, you may be contacted by MCC and be asked to participate in a survey that is conducted to assess the performance of MCC. The survey tabulates and reports data on graduation rate, graduate employment and satisfaction, and employer satisfaction.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only:

Check the following:  Name on Application Correct  Address  Phone Number(s)

Convocation Fee Paid?  Yes  No

Alumni Fee Paid?  Yes  No

Fees Owing? (List Amounts by Semester): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments:  Yes  No

\_\_\_\_\_

\_\_\_\_\_