



Certificate Request Form

Student number: _____

First Name _____ Surname _____

Address _____

City/Province _____ Postal Code _____

Telephone: Residence: _____ Work : _____

E-mail Address _____

Certificate

I have completed the course requirements for the _____ Certificate.

I have received credit transfer and have enclosed a copy of the confirmation letter.

How would you like your name to appear on the certificate?

Note: Certificates are shipped six to eight weeks after the request is received.

Signature: _____ **Date:** _____

A signature is required before a certificate can be issued. Mail/fax this completed Certificate Request Form to:

Attention: Pat Shaver
Office of Open Learning
160 Johnston Hall
University of Guelph
Guelph ON N1G 2W1
Ph. 519-767-5000
Fax: 519-767-1114