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NUNAVUT
ARCTIC
COLLEGE

Program Completion Form

Nunatta

Kitikmeot

Kivalliq

Program

Location:

Student Name:

Last Name: First Name:

Student ID #

Completion Date:

Did the student complete the full requirements for Graduation? YES NO

If YES, what Credential will the student Receive?

Degree, awarded by Partner University

Diploma

Certificate

Record of Achievement

Record of Participation

NOTE:

Transcripts and credentials will not be released by the College until such time that any outstanding fees and dues with the College have been paid.

Department Head/Instructor Comments:

Signature x _____

Finance Department:

Date:

Registrar:

Date: