Office of Student and Academic Services
902 494 8195 tel, 902 425 2987 fax, registrar@nscad.ca

5163 Duke Street
Halifax, Nova Scotia, Canada B3J 3J6
902 444 9600 tel, www.nscad.ca

Application to graduate

LAST NAME ..... **FIRST NAME** **ID NUMBER**

LOCAL STREET ADDRESS

CITY ..... PROVINCE/STATE POSTAL CODE

EMAIL ..... TELEPHONE ALTERNATE TELEPHONE

PERMANENT STREET ADDRESS CITY PROVINCE/STATE POSTAL CODE

EMAIL..... TELEPHONE ALTERNATE TELEPHONE

The permanent mailing address is required for delivery of grades, transcripts, tax forms and alumni communications.

PROGRAM OF STUDY

☐ Master of Fine Arts ○ in Craft ○ in Fine and Media Arts

☐ Master of Design

☐ Bachelor of Arts ○ Major in Art History

☐ Bachelor of Design ○ Major in Interdisciplinary Design

☐ Bachelor of Fine Arts ○ Interdisciplinary ○ Major in Ceramics ○ Major in Film

○ Major in Fine Art ○ Major in Intermedia ○ Major in Jewellery Design and Metalsmithing

○ Major in Photography ○ Major in Textiles

Minors [**appear on transcript, but not diploma**] – BFA Interdisciplinary can ONLY take Art History or Film Studies Minor

○ Minor in Art History ○ Minor in Ceramics ○ Minor in Digital Media

○ Minor in Fashion ○ Minor in Film Studies ○ Minor in Graphic Design

○ Minor in Jewellery Design and Metalsmithing ○ Minor in Textiles ○ Minor in Drawing

Credit Certificate Programs:

☐ Visual Arts Certificate for Teachers ☐ Visual Arts Certificate in Studio

Completion of course work

The annual Graduation & Commencement ceremony is held in **Mid-May** for students completing their programs in **April,** or the previous **December** (receive diploma February 15) or **August** (receive diploma October 15).

In which month do you expect to complete course work for graduation?

○ **August** (Application due February 15) ○ **December** (Application due February 15) ○ **April** (Application due October 30) **Year** _____

Do you wish to receive your parchment following your completion date instead of waiting for the April ceremony? Yes _____ No _____ (you will be contacted regarding attending the ceremony in May at a later date).

Degree certificate

Print your name exactly as you wish it to appear on your certificate. Indicate capitalization clearly. *(Limit of 25 characters, include spaces)*

_____

Provide a phonetic (as it sounds) spelling of your name as given immediately above._____

Declaration

I declare that I wish to graduate with the degree(s) major(s) and/ or minor programs indicated above. The information on this form is collected and maintained under NSCAD University policies and Provincial Freedom of Information and Protection of Privacy Act. The information is required by the University to process and approve your Application to Graduate, to prepare the Convocation List and published graduation announcements. By signing this form you agree that your personal information will be transmitted to the NSCAD University Office of University Relations. This office is interested in promoting your achievements and provides information to alumni of special events, exhibitions, reunions, mailings, and group insurance for alumni. If you do not wish to receive mailings from the Office of University Relations please notify the University Relations Office at 494-8251.

STUDENT SIGNATURE **DATE**