



Continuing Education  
and Extension

## Request for Certificate

### Certificate of Completion Program

4825 Mount Royal Gate SW, Calgary AB T3E 6K6  
 T: 403.440.6875 F: 403.440.6670 E: conted@mtroyal.ca  
 W: www.mtroyal.ca/conted

**Student ID number**

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Personal Information

Last Name	First Name	Middle Name
<b>Legal Name</b> This is the name which will be inscribed on your certificate. If this is not the name under which you registered at Mount Royal University, you must provide evidence of your legal name (e.g., a copy of your birth certificate, marriage certificate, or legal name change)		
Address		Date of Birth (dd/mm/yy)
		□ □ □ □ □ □ □ □
City	Province	Postal Code
Home Telephone (     )	Business Telephone (     )	Cell (     )
Fax (     )	E-mail Address	

Program Information

Program Name	
Date of Program Completion	
Student Signature	Date

<b>Office Use Only</b>		
Program Hours	Completion Term	Completion Date
Program Coordinator Signature	Date	

**Freedom of Information and Protection of Privacy** The information that you provide to Mount Royal University when you register for Continuing Education courses is collected under the authority of the Post-Secondary Learning Act and Freedom of Information and Protection of Privacy Act in the Province of Alberta, Section 33(c). This information will be used for academic administration, the administration of Mount Royal support services, scholarship and financial aid awards, marketing and recruitment activities. Your personal information is protected and can be reviewed upon request. The complete statement and further contact information is available at [conted.mtroyal.ca/cefoip](http://conted.mtroyal.ca/cefoip).