



Continuing Education Certificate/Diploma Request Form

Student ID#: _____

First Name: _____ Last Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Telephone: _____

Email Address: _____

Certificate/Diploma:

I have completed the course requirements for the following Certificate/Diploma:

I have requested an official transcript

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

Signature (required): _____ **Date:** _____

A signature is required before a certificate can be issued.
Certificates are shipped six to eight weeks after the request is received.

Please submit this form via scan and email or by fax to Open Learning and Educational Support.

Email: info@OpenEd.uoguelph.ca

Fax: 519-767-1114

Congratulations on your achievement!