Seneca

Faculty of Continuing Education and Training

Request for Recognition of Achievement

Student number: | | | | | | | | | |

Name to appear on certificate: (Maximum number of characters is 36. Please print.)

First name Middle initial Last name

Number and street Apt./Unit number

Town/City Postal code

Home telephone number Business telephone number

Program title

☐ Currently enrolled in final subject End Date: _____ Month/Day/Year

☐ Program requirements completed Completion Date: _____ Month/Day/Year

Please submit completed form to the

Office Coordinator
Faculty of Continuing Education and Training
Seneca College
1750 Finch Ave. E., Toronto
Ontario M2J 2X5

Recognition of Achievement will be mailed.

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT: The information on this form is collected under the legal authority of the Colleges & Universities Act, R.S.O. 1980, c.272, s.5: R.R.O. 1980, Reg. 770. The information is used for the administrative and statistical purposes of the College and/or the ministries and agencies of the Government of Ontario and the Government of Canada. For further information please contact the Manager, Services & Systems, Faculty of Continuing Education and Training, 1750 Finch Avenue East, Toronto, Ontario, M2J 2X5 or call 416-491-5050.

_____
Signature

For Office Use Only

Date Rec'd:_____ Approved: ☐ Yes ☐ No Initials:_____ Date Sent:_____

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