registration@assiniboine.net
800.862.6307
www.assiniboine.net

Application to Graduate

This form is to be completed once you have successfully completed all of your program requirements.

Student Name: _____ **Student #:** _____

Program: _____ **Specialization(s), if applicable:** _____

Your credentials will be mailed to your address on file within 2 to 3 weeks of receipt of this form.

If your address has changed, please sign on to Assiniboine Connect or email registration@assiniboine.net to update.

_____ _____

Student Signature Date

August 25, 2026