



## APPENDIX E

# LA RONGE INDIAN BAND POST SECONDARY EDUCATION



## *Graduation Notification*

STUDENTS FULL NAME:

DATE OF BIRTH:

\_\_\_\_\_

\_\_\_\_\_

INSTITUTE:

INSTITUTE LOCATION

\_\_\_\_\_

NAME OF CERTIFICATION / PROGRAM:

MAILING ADDRESS:

\_\_\_\_\_

CERTIFICATE  DIPLOMA  UNDERGRADUATE DEGREE  POST-GRADUATE DEGREE

Are you attending the Convocation/Graduation Program? \_\_\_\_\_

Have you listed the band name in the Convocation/Graduation Program? \_\_\_\_\_

Are you interested in a representative from the Lac La Ronge Indian Band to be present? \_\_\_\_\_

Expected date of ceremony: \_\_\_\_\_

Location & time of ceremony: \_\_\_\_\_

Do you have any special requests or concerns? \_\_\_\_\_

Students must apply for the graduation incentive and provide documentation from their institution verifying convocation.

I declare that all the information provided is true and complete and I make this solemn declaration believing it to be true knowing that it is of the same force and effect as if under oath.

X

Student Signature

Date