APPENDIX E

LA RONGE INDIAN BAND
POST-SECONDARY EDUCATION

Graduation Notification

STUDENTS FULL NAME: _____

DATE OF BIRTH: _____

INSTITUTE: _____

INSTITUTE LOCATION _____

NAME OF CERTIFCATION / PROGRAM: _____

MAILING ADDRESS: _____

☐ CERTIFICATE ☐ DIPLOMA ☐ UNDERGRADUATE DEGREE ☐ POST-GRADUATE DEGREE

A copy of the degree/diploma must be attached to this graduation assistance request.

Documents attached: _____

☐ OFFICIAL TRANSCRIPTS ☐ LETTER FROM INSTITUTION ☐ COPY OF DEGREE/DIPLOMA

Are you attending the Convocation/Graduation Program? _____

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

Expected date, time and location of ceremony: _____

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

BOX 399, AIR RONGE, SK S0J 3G0
TELEPHONE: 306-425-4938 / TOLL FREE: 877-768-6888
Fax: 306-425-3030 / Email: postsecondary@llribedu.ca

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