



## Request for Certification Continuing Education

### PLEASE PROVIDE THE FOLLOWING INFORMATION IN FULL

NAIT Student ID #	Family Name:	First Name:	Former Name (if applicable):
Date of Birth (MM/DD/YY)	Street Address:		Unit/Apartment #:
City:	Province:	Postal Code	
Home Phone:	Cell Phone:	Email Address:	

### DETAILS OF ATTENDANCE:

Certificate being requested: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

### IMPORTANT INFORMATION:

1. Please submit form by email to [ContinuingEducation@nait.ca](mailto:ContinuingEducation@nait.ca) or in person at the Main Floor in the L Building (L159).
2. All courses must be completed, prior learning approved, and marks received prior to submission of this request.
3. Allow up to six weeks for processing.
4. Certificates will not be issued if there is a financial hold on your account. If you have unpaid charges and want to confirm your status, please check your MyNAIT portal.
5. Certificates will be mailed to the address listed on the form.

Student Signature \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

### PROGRAM USE ONLY:

Milestone Level: COA COC WALLET CARD

Term of Completion \_\_\_\_\_ Full name of Certificate to be issued: \_\_\_\_\_

Completion Type: Program Course

Effective Date (Last day of last class) \_\_\_\_\_

Approver Signature: \_\_\_\_\_ Manager Signature: \_\_\_\_\_

### REGISTRAR'S OFFICE USE ONLY:

Date sent: \_\_\_\_\_ Initials \_\_\_\_\_

**Collection and Use of Personal Information:** The personal information on this form is being collected under the mandate of the Technical Institutes Act, and is needed to process your request. This information is protected under the provisions of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, contact the Office of the Registrar, Room T409, 11762 - 106 Street, NW, Edmonton, Alberta T5G 3H1, 780.471.6248 or toll-free at 1.877.333.6248.