



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