



Request for Certification

Corporate, International, and 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 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 _____