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**Request Form**

**Documents Needed for Graduation**

**General Information**

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| Name of Student |  |
| Date of Final Day of Internship |  |
| Are you completing a thesis?  If so, anticipated date of completion |  |

**Total Hours Forms (maximum 5 copies) – Send original signed copies only**

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|  | **Number of copies** | **Complete mailing address (including name of contact to send it to)** |
| McGill | **1** | **---** |
| Personal Records |  |  |
| SAC (use SAC form) |  |  |
| Provincial College (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CASLPO = use SAC form  ACSLPA = own form  CASLPM = own form  Not required for OOAQ |  |  |
| Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Official Letters (maximum 5 copies)**

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| Personal Records |  |  |
| SAC |  |  |
| Provincial College (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Preferred Email for Future Correspondence (other than your McGill email address)**

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