

**VANUATU INSTITUTE OF TECHNOLOGY**

PMB 9015, Port Vila, Vanuatu

Telephone:+678 22294/95 Facsimile: +678 24825, Email: mwulurane@gmail.com**Learner Graduation Application Form****Part A: Learner Details***(To be completed by the applicant)*

Surname		First Name	
Other Names		Date of Birth	National ID #
Postal Address			
Email		Phone Number	
Program Name			
Semester		Year	

Learner Declaration: By signing this form you are declaring that to the best of your knowledge you have fulfilled all Course completion requirements and have no outstanding Course Fees at VIT

I will be attending the VIT Graduation Ceremony on 19/08/2021

 YES NO

Learner Signature		Date	
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Applicant to submit this form to the VIT Administration Office before the 19th of July 2021**Part B: Course Administration Check***(To be completed by the Training Manager)*

Has the learner fulfilled all course completion requirements?

If no, Training Manager to advise learner of further requirements YES NO

Has learner record in the VQA PSET MIS been checked and finalized?

 YES NO

Training Manager's Name & Signature		Date	
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*Training Manager to submit this form to the Accounts Office when all requirements are met.***Part C: For Office Use Only***(To be completed by the Accounts and Administration Office)*

Course fees have been paid in full

 Yes No

Date:

Verifying Officer Name and Signature:

Has the learner been cleared and registered for graduation?

 Yes No

Date:

Deputy Principal Academic Services*Jack Takalo Graham***Acting Principal***Wade Evans*

Signature:

Date:

Signature:

Date: