

College of Continuing Education Certificate Program Application

Certificate Program in: _____

First Name: _____

Last Name: _____

Home Address: _____

Phone: _____ Postal Code: _____

Business Address: _____

Phone: _____ Fax: _____

Email Address: _____

Experience

Begin with most recent and attach resume:

Organization:	Position:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education

Begin with most recent and attach transcript:

Institution:	Certificate/Degree:	Date of Completion:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant



**DALHOUSIE
UNIVERSITY**

Inspiring Minds

Please print this form & forward with resume and transcript(s) to:
Dalhousie University College of Continuing Education
1459 LeMarchant Street, P.O. Box 15000, Halifax, NS B3H 4R2
Or fax: 902-494-6875

*College of
Continuing Education*