



# School of Extended Studies

## *Application Form for Certificate Programs*

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

### Certificate Program

- Arts Administration
- Photography
- Computer Graphics

### Previous Education:

Institution	Level Completed	Year
1.		
2.		

### Employment: (optional)

Current Employer	Position
Address	

Registration to be invoiced to employer:  Yes  No

Please send completed form to the School of Extended Studies:

Phone: 494-8185

Fax: 494-8311

Email: [extendedstudies@nscad.ca](mailto:extendedstudies@nscad.ca)

Mailing Address: 5163 Duke Street, Halifax, NS B3J 3J6