**Application for Certificate**

**Dalhousie University**

**School of Occupational Therapy**

I am applying for a certificate in (check one)

□ Chronic Condition Management

□ Aging and Continuing Care

□ Diversity and Inclusion

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| --- | --- | --- |
| Section A: Personal Data | | |
| Family Name | First Name | Middle Name |
| Print your name exactly as you wish it to appear on your certificate | | |

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| --- | --- | --- | --- |
| Section B: Mail Certificate to | | | |
| Address | | City/Town | |
| Province/State | Country | | Postal/Zip Code |

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| Section C: Course History (List the three courses you have taken in the Certificate Program) |
| Core course  Course number Term/ Year |
| Elective 1  Course Number Term/ Year |
| Elective 1  Course Number Term/ Year |

Student Signature

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Name Date

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| Section D: For office use |
| Courses verified by Date |
| Post-professional Coordinator approval Date |
| Certificate mailed Date |