

SELF-DECLARATION FORM PROFESSIONAL CERTIFICATE

SCHOOL OF CONTINUING EDUCATION AND
PROFESSIONAL DEVELOPMENT

Today's date*(MM/DD/YY)

Name*

First

Last

Declaration: I declare that I want to be registered as a **Professional Certificate** candidate. (Please select the **one** that describes your area of specialization)

- ☐ Animation
- ☐ 3D Design and Interactive Technologies
- ☐ Strategic Communication and Leadership
- ☐ Generative AI (*Coming Soon*)

Current Mailing Address*

Address Line 2

City*

Province*

Postal Code*

Email*

Phone*

I have read the above questions and hereby consent to the use of this information for the administration and statistical purposes for AUArts School of Continuing Education and Professional Development*

☐ Yes, I agree

AUArts is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA). FIPPA.