

SELF-DECLARATION FORM

CERTIFICATE OF ACHIEVEMENT

SCHOOL OF CONTINUING EDUCATION +
PROFESSIONAL STUDIES

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

Name*

First

Last

Student number*

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

1. Graphic Design
2. Illustration
3. Jewellery
4. Visual Art

Expected Time to Complete: (Select the date that best reflects when you hope to complete the certificate)

5. April 2019
6. June 2019
7. August 2019
8. December 2019
9. Other (specify):

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 ACAD School of Continuing Education + Professional Studies.*

Yes, I agree

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