

SELF-DECLARATION FORM MICRO-CREDENTIALS

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 **Micro-Credential** candidate.
(Please select the **one** that you wish to pursue)

- Arts Funding
- Arts Management
- Arts Marketing
- Finance for Arts Business

Current Mailing Address*

Address Line 2

City*

Province/State*

Country*

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.