

## SELF-DECLARATION FORM CERTIFICATE OF COMPLETION

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 **Certificate of Completion**  
candidate.

**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

The personal information you provide on this form is  
collected under the authority of Alberta's Protection  
of Privacy Act (POPA), Section 4(c).