

Supervisory Officer's Qualification Program

Application for Business Admission

Please Type or Print in Block Letters

NAME:				
Surname		First Name	Middle Name	
Date of Birth				
EMAIL ADDRESS:		HOME PHONE:		
HOME ADDRESS:				
S	treet			
City		Province	Postal Code	
EMPLOYER'S NAME: _				
WORK ADDRESS:				
	Street			
City		Province	Postal Code	
WORK PHONE:		WORK	FAX:	

Please complete all sections and forward, along with **original documents** to:

Eastern Ontario Staff Development Network

B137, Duncan McArthur Hall, Faculty of Education, Queen's University

Kingston, ON K7M 5R7

(613) 533-6223 Fax: (613) 533-2816

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BUSINESS ADMISSIONS

The fee for the EOSDN Supervisory Officer's Qualification Program is \$5,644.35 inclusive. All applicants must enclose one installment of \$1,128.87 (includes HST) with this application.

- A. Send a series of postdated cheques according to your preferred schedule, but ensure that each module is paid for in advance.
- B. Pay \$999.00 + HST prior to the beginning of each module.

<u>Requests for Refund:</u> All requests for refund of fees must be in writing. Requests will be considered on a case-by-case basis. An administration fee will apply.

Release of Information

I give EOSDN permission to share the information provided on and with this application form, with course facilitators, fellow candidates, and other members of EOSDN.

Applicant's Signature	Date of Application

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The Eastern Ontario Staff Development Network

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Business Statement of Experience

An appropriate Supervisory Officer is asked to complete this official statement. EOSDN requires that applicants return this form with <u>original</u> signatures with completed application forms.

1. All applicants must have five (7) years of successful experience, including a minimum of 3 years in a relevant managerial role.

This is to certify that

Applic	cant's Name		has	_ years of successf	ful experience, including	managerial years.
	Certified	d by (Please print)			Signature	·
2. Undergradtuate Univers		ity Degree				
		Name of University	/			Date
	3.	Master's Degree	l			
		Name of University	/	-		Date

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