



# CERTIFICATE IN LEADERSHIP AND INNOVATION

## Personal Information

### Full Legal Name

Include your full legal name as it appears on your official identification documents, for example your birth certificate or passport. Your full legal name should also appear on all supporting documents.

\_\_\_\_\_  
Last Name (Surname/Family Name)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail

### To Apply:

- ▶ Please refer to our website for the current schedule of dates courses are offered. [dal.ca/execed/asr-leadership](http://dal.ca/execed/asr-leadership)
- ▶ Please **complete all sections** of the application.
- ▶ **Be sure to sign the declaration on the final page** of the application before submitting.

Gender:    Male    Female    Other

Date of Birth:      D  D  /  M  M  /  Y  Y  Y  Y  

HCC Member:    Yes     No

## Organization Details (if you are a student provide school information)

\_\_\_\_\_  
Please provide the name of your company, or employer, or academic institution if you are a student.

\_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/ State

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Work E-mail

\_\_\_\_\_  
Work Phone

## Program (please place a checkmark beside each statement to show you comprehend)

- I am applying to enrol in the Certificate in Leadership & Innovation.
- I acknowledge that this program includes the six courses listed below, and three hours of executive coaching.

### Courses:

1. Introduction to Leadership and Innovation
2. Self-Awareness and Self-Management
3. Teams and Relationship Management
4. Collaboration and Networking
5. Decision Making & Creative Problem Solving
6. Harnessing Innovation

## Work Experience

Please list your positions in reverse chronological order, starting with your current one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY

TITLE OR POSITION

FROM Month/Year

TO Month/Year

Please estimate your total years of professional experience: \_\_\_\_\_

## Academic History (College/University/ Other)

Have you ever applied to, attended or worked for Dalhousie University, University of Kings College or the former TUNS? Yes  No

If yes, please provide your ID #:

List any Post Secondary Educational institution you have attended or are currently attending.

Institution	Province (Country, if outside Canada)	From	To	Degree/Diploma Awarded & Date
		MM/YYYY	MM/YYYY	
		MM/YYYY	MM/YYYY	
		MM/YYYY	MM/YYYY	

Have you ever been required to withdraw from any Educational institution for academic reasons?  Yes  No

If yes, which institution \_\_\_\_\_ Date

Reason

## References

Please provide the name, phone number, and email address of at least two references of personal, professional, or academic relations. Admissions may or may not contact your references, but in the case that they do, you will be notified prior to contacting.

Name

Email Address

Phone Number

Please select the relation:  Personal  Professional  Academic

Name

Email Address

Phone Number

Please select the relation:  Personal  Professional  Academic

Name

Email Address

Phone Number

Please select the relation:  Personal  Professional  Academic

## Tuition and Payment:

### Tuition:

1. The Certificate program fee is \$6,450\* (plus applicable taxes). 50% of the payment must be made prior to the start of program, and the other 50% of the payment must be made within 30 days of completion.

- ▶ \*Eligible participants may qualify for funding through the Province of Nova Scotia's Workplace Innovation and Productivity Skills Initiative (WIPSI), up to 100% funding.
- ▶ Payments may be made in the form of credit card or cheque. If paying by cheque, they should be made payable to Dalhousie University, Executive Education.

## Additional Information

- All documents received become the property of Dalhousie University and will be used at the discretion of the University for internal purposes only. Documents will not be photocopied or returned to the student.

### Deadline Information

- ▶ Applications must be received, either by mail or electronically, no later than the date stated online.

[www.dal.ca/execed/asr-leadership](http://www.dal.ca/execed/asr-leadership)

## Cancellation Policy

Cancellations or deferrals must be submitted in writing more than 30 days before the program start date to receive a full refund. Due to program demand and the volume of preprogram preparation, cancellations or deferrals received 14 to 30 days before the program start date are subject to a fee of 10% of the program fee. Requests received within 14 days of the program start date are subject to a fee of one half of the program fee.

Upon acceptance, payment is required prior to the program start date.

I have read the cancellation policy and agree to the terms stated. *(please initial here)* \_\_\_\_\_

## Declaration (Required)

I hereby certify that all of the above information provided in this application is complete and correct, and I authorize Dalhousie University to verify any information provided as part of this application. I understand that withholding information or falsification of information in this application or supporting documents may be considered grounds for non-admission or, after admission, grounds for dismissal. I agree that details concerning my application, enrolment or any falsification of information may be provided to other institutions including the Association of Registrars of the Universities and Colleges of Canada, in accordance with the Freedom of Information and Protection of Privacy Act. I agree to follow and be bound by the provisions of the Calendar, and the regulations of the University, including any revisions, deletions, or additions made to them in the future. If admitted, I agree to pay all fees associated with my registration and enrolment at the University.

Signature

Date

All supporting documents must be sent to Executive Education prior to the application deadline.

**Executive Education**  
**Dalhousie University Faculty of Management**  
**6100 University Avenue, Suite 2060**  
**Halifax, NS B3H 4R2 Canada**



**DALHOUSIE**  
**UNIVERSITY**

FACULTY OF MANAGEMENT  
Executive Education

All submitted documents become the property of Dalhousie University and will not be returned. Your application must be complete to be processed and a decision made. Possession of minimum requirements does not guarantee admission. Acceptance to the program is limited by the number of spaces available.

For information regarding your application, contact Executive Education  
Email: [execed@dal.ca](mailto:execed@dal.ca) or Tel: 1.902.494.4450.