



PRIVATE SCHOOL PRINCIPAL'S PROGRAM

Application Form

The Office of Research and Field Development, Faculty of Education
023 Winters College, 4700 Keele Street, Toronto, ON M3J 1P3
Tel: (416) 736-5003/ Fax: (416) 736-5023
Email: raiseyouraq@edu.yorku.ca
Website: www.raiseyouraq.ca

This form may be faxed; original not required

PERSONAL INFORMATION (please print)

Mr. Miss
 Mrs. Ms.

SURNAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

STREET ADDRESS: _____ APT/UNIT: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ HOME TEL: _____ WORK TEL: _____

EMAIL: _____ May we use this email address to correspond with you about upcoming programs and courses? Yes No

SCHOOL: _____ TEACHER PANEL: Elementary Secondary

PROGRAM INFORMATION (please print)

PROGRAM CODE: (please double check the program code) _____

PSP PART 1 - ELIGIBILITY (please refer to eligibility and document requirements on our website (www.raiseyouraq.ca/pqpeligreq.html))

I have taught successfully in a Private/Independent school for _____ year(s)

PSP PART 2 - ELIGIBILITY (please refer to eligibility and document requirements on our website (www.raiseyouraq.ca/pqpeligreq.html))

I have completed Part 1 of the Private School Principal's Qualification Program

Date of Completion: _____ (session and year)

PAYMENT INFORMATION

METHOD OF PAYMENT

Payment in full by:

Visa MasterCard Money order (payable to "York University") Certified cheque (payable to "York University") Debit card (in person only)

CREDIT CARD INFORMATION

CARDHOLDER'S NAME (print clearly): _____ CARDHOLDER'S SIGNATURE: _____

CREDIT CARD NUMBER (please check carefully):

CREDIT CARD EXPIRY DATE:(MM/YY) /

PAYABLE AMOUNT: _____

YOUR SIGNATURE CERTIFIES THE FOLLOWING: I have read and agree to abide by the policies published on the RFD website: <http://www.raiseyouraq.ca>. All the information provided in this application is true and correct. I understand that payment will automatically be adjusted, if necessary, in accordance with Research and Field Development policy.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

TOTAL PAYMENT : _____ DATE ENROLLED: _____

NOTICE OF COLLECTION: Personal information is collected under the authority of Freedom of Information and Protection of Privacy Act (FIPPA) and The York University Act, 1965 for educational, administrative and statistical purposes and will form part of the candidate record at the Faculty of Education. If you have questions about the collection, use and disclosure of personal information by the Faculty of Education, please contact the Manager, Professional Development, Faculty of Education, 4700 Keele Street, Toronto, ON M3J 1P3, Tel: 416-736-5003.