NAME OF PARTNERSHIP SCHOOL: ____________________________________________

I, ___________________________________, nominate ___________________________________ for participation in the High School Partnership Staff Development Program in the following session:

- Fall ☐
- Fall/Winter ☐
- Winter ☐
- Summer ☐

_________________________________  _________________________________
Date                                                                             Signature of Principal

NOMINEE/PARTICIPANT INFORMATION:

- Full Name: ________________________________
- Email Address: ____________________________
- Phone Number: ____________________________

9 Digit Carleton Student ID (if previously registered):

(100xxxxxx or 101xxxxxx)

DECLARATION:

I hereby certify that all statements on this application are correct and complete. I understand that misrepresentation of this data may result in registration in the University being rescinded. I understand that it is my responsibility to be aware of academic dates, deadlines and regulations as outlined in the University Calendar.

_____________________________________________________________  Date ___________________________
Signature                                                                                      Date

Once your request has been processed, you will be emailed a confirmation to the email address you have provided with further information on how to apply as a Special Student and how to register for courses.

RETURN TO:
Jennifer.Elliott@carleton.ca or by FAX to (613) 520-3847

Jennifer Elliott, Assistant Director
Undergraduate Recruitment Office
(613) 520-2600 ext 8713

For Office Use Only:
- Copy Sent to Registrar’s Office ☐ ___________________ (date & initials)
- Special Student Application Processed ☐ ______________ (date & initials)
- Registration Information Template Sent ☐ ______________ (date & initials)
- Business Office Notified ☐ ___________________ (date & initials)