

Request for Municipal Essentials Level Certificate

Student Information					
First Name	Last Name		Date of Birth (DD/MM/YYYY)		
Street Address/ Box #	City/ Town				Province SK
Postal Code	Email Address				
Home Phone	Work Phone		Cel Pho	=	
Sponsor Information					
Choose all that apply: SARM □ SUMA □ SMHI □					
Sponsor Name				Phone Number	
City/ Town					Province SK
Courses					
I have successfully completed the following Municipal Essential courses (<i>check <u>all</u> that apply</i>):					
☐ Leadership & Influence	□ Supervising Others		☐ Meeting Management		
☐ Communication Strategies	☐ Time Management		☐ Assertiveness & Self Confidence		
☐ Conflict Resolution	☐ Customer Service		☐ Critical Thinking		
☐ Other:					
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Student Name (Print)	Signature		_	Today's Date (DD/MN	M/YYYY)
Please email the completed form to: escampusadmin@southeastcollege.org					
FOR OFFICE USE ONLY					
	Level 1 Date: Level 2 Date:			rel 3 Date:	
Certificate(s) Issued by		on _			
Name Date Mailed out:	Date (DD/MM/YYYY) Mailed to:				
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