

Certificate Program Application

Student Information:															
Last Name:						First Name:	rst Name:								
Student ID:	А								Email:						
Please Note:															
The following	 The following Certificate programs are intended for current students, persons already holding degrees in any discipline, or students with relevant work experience. 														
Approved for	orms w	vill be	sen	t to <u>re</u>	corc	ls@s	mu.ca	for pro	ocessing.						
	ıtly reg ail: <u>adı</u>					n at S	Saint M	ary's	University, ple	ase con	tact the	Admissions	s Office.		
Certificate Programs (Select One):										Where to send for approval:					
Atlantic Canada Studies											BAadvising@smu.ca				
Chinese Studies*											BAadvising@smu.ca				
German Studies*											BAadvising@smu.ca				
Health, Wellness & Sport in Society										BAadvising@smu.ca					
Human Resource Management – Management Option									ption	Sobey.bcomm@smu.ca					
Human Resource Management – Psychology Option										Advisor.science@smu.ca					
Japanes	•						BAadvising@smu.ca								
Linguist							BAadvising@smu.ca								
Spanish	Spanish Language and Hispanic Cultures*										BA	advising@s	mu.ca		
		*5	Studen	ts maj	oring (or mino	oring in th	ie certif	îcate discipline are	not eligib	le for the p	program.			
0414-03											-4				
Student Signat	ure:									Da	ate:				
Academic Ad	visin	g Of	fice												
Representative	Nam	e:													
Representative Signature:									Da	ate:					
Records Office	e:														
Processed by:										Da	ate:				