

PLEASE PRINT OR TYPE IN BLOCK LETTERS
AND PROVIDE ALL DATA REQUESTED

Established Under Federal and Provincial Charter
GST # 127177145



APPLICATION FOR EDUCATION CREDIT

DATE OF APPLICATION		
SURNAME	GIVEN NAME(S)	
HOME ADDRESS		
STREET		
CITY	I PROVINCE	I POSTAL CODE
BUSINESS ADDRESS		
STREET		
CITY	I PROVINCE	I POSTAL CODE
PREFERRED ADDRESS		
HOME <input type="radio"/> BUSINESS <input type="radio"/>		
HOME PHONE	BUSINESS PHONE	
FAX	CELL	
PREFERRED EMAIL		

LIST COURSES COMPLETED THROUGH CIM OR PREVIOUSLY GRANTED CREDIT COURSES

USE A SEPARATE APPLICATION FORM FOR EACH EDUCATION CREDIT REQUESTED
Canadian Institute of Management Procedure Reference E-102(05)

Identify course for which credit is being requested and the CIM course equivalent.

COURSE	ICIM COURSE EQUIVALENT
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Credits will be given to applicants who have successfully completed courses having the equivalent content provided the courses were completed within the past seven (7) years and provided supporting documentation and appropriate fees accompany this application.

DOCUMENTATION REQUIRED (THIS DOCUMENTATION MUST ACCOMPANY THE APPLICATION)

NAME OF EDUCATION INSTITUTE	DETAILED COURSE OUTLINE ATTACHED <input type="radio"/> YES <input type="radio"/> NO
TITLE OF COURSE	TABLE OF CONTENTS ATTACHED <input type="radio"/> YES <input type="radio"/> NO
DATE GRADUATED	WRITTEN EXAM REQUIRED <input type="radio"/> YES <input type="radio"/> NO
TITLE AND AUTHOR OF TEXTBOOK	OFFICIAL TRANSCRIPT ATTACHED <input type="radio"/> YES <input type="radio"/> NO
HOURS OF INSTRUCTION	GRADE RECEIVED

All applicants not meeting the criteria for an education credit or whose application(s) has been denied may take a challenge exam. A minimum grade of 70% will be required on the challenge exam to be granted a credit.

<p>FOR BRANCH USE ONLY</p> <p>Please forward a copy to the National Office for their approval.</p> <p>In my opinion this application should be:</p> <p><input type="radio"/> Granted <input type="radio"/> Denied</p> <p>_____</p> <p>Branch Education Director Date</p>	<p>FOR NATIONAL USE ONLY</p> <p><input type="radio"/> Granted <input type="radio"/> Denied</p> <p>_____</p> <p>National Office Date</p>
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Reason for Denial

PAYMENT INFORMATION

TOTAL FEE PAID			
PAYMENT METHOD	CHEQUE	MONEY ORDER	CREDIT CARD
CREDIT CARD #	EXPIRY DATE		
CARD TYPE	MASTERCARD	VISA	AMERICAN EXPRESS
SIGNATURE	DATE		

PRIVACY STATEMENT: THE CANADIAN INSTITUTE OF MANAGEMENT MAINTAINS ALL INFORMATION CONFIDENTIAL IN COMPLIANCE WITH THE PRIVACY ACT.