Southeast College

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	Cell Phone	

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 (*check all that apply*):

☐ Leadership & Influence	☐ Supervising Others	☐ Meeting Management
☐ Communication Strategies	☐ Time Management	☐ Assertiveness & Self Confidence
☐ Conflict Resolution	☐ Customer Service	☐ Critical Thinking

DECLARATION

The information on this form is collected under the legal authority of the Regional Colleges Act 1988 and the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP). The information is used for administrative and statistical purposes by Southeast College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada. If you have any questions about the collection or use of this information please contact the Registrar, Southeast College.

_____ _____ _____

Student Name (Print) Signature Today's Date (DD/MM/YYYY)

Please email the completed form to: escampusadmin@southeastcollege.org

FOR OFFICE USE ONLY	
Date Request Received	Level 1 ☐ Date: _____ Level 3 ☐ Date: _____ Level 2 ☐ Date: _____
Certificate(s) Issued by _____ (Name) on _____ (Date (DD/MM/YYYY))	
Date Mailed out:	Mailed to: