



Current PQP Part 1 Session: Winter Spring Summer Fall Start date: _____

Course Location: _____

When are you planning to take PQP Part 2? Winter Spring Summer Fall

PART A: Personal Information (please type or print)

Title: _____ Last Name: _____ First Name: _____ Initial: _____

Email: _____

Home Telephone: _____ School/Work Telephone: _____

PART B: Fee Schedule

MASTERS DIMENSION FEE (Non-Refundable*)
\$500.00 Fees are income tax deductible

FOR OFFICE USE ONLY	
PAYMENT	
Amount Paid \$	
Authorized by: _____	Date: _____

PART C: Fee Payment Authorization

Payment Options:

- A. Cheque B. Visa
- C. Mastercard

Option A: Cheque Total Payment: \$500.00
I have enclosed a cheque for \$500 made payable to Catholic Principals' Council Ontario
Applicants Signature: _____

Option B or C: Credit Card Total Payment: \$500.00
Card # _____ / _____ / _____ / _____ Expiry Date: _____ / _____
Cardholders Name: _____
Cardholders Signature: _____

***The non-refundable course fee of \$500.00 MUST accompany this application.**

*** Please fax or email completed form to Vanessa Kellow vkellow@cpco.on.ca**