



Current PQP Part I Session: Winter/Spring  Summer  Fall  Start date: \_\_\_\_\_

Course Location: \_\_\_\_\_

When are you planning to take PQP Part II? 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**

<b>FOR OFFICE USE ONLY</b>	
<b>PAYMENT</b>	
Amount Paid \$	_____
Authorized by:	_____ Date: _____

**PART C: Fee Payment Authorization**

**Payment Options:**

A. Cheque      B. Visa       C. Mastercard

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

<b>Option B or C: Credit Card      Total Payment: \$500.00</b>
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@cpc.on.ca](mailto:vkellow@cpc.on.ca)**