

# Masters Certificate in Project Management

## Registration Form



THE UNIVERSITY OF  
WINNIPEG

Professional, Applied and  
Continuing Education

Register me for the following session, or place me on the wait list:

Fall 2017 (Winnipeg)

pace.uwinnipeg.ca

### PERSONAL INFORMATION *(Please print clearly)*

Mr. \_\_\_\_\_ Date Of Birth (YYYY/MM/DD)  
Mrs. \_\_\_\_\_  
Ms. Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Address \_\_\_\_\_ Email \_\_\_\_\_

Tel. (Wk) \_\_\_\_\_ Tel. (Hm) \_\_\_\_\_ Tel. (Cell) \_\_\_\_\_

Canadian Citizen Yes No Holding Other Citizenship Yes No

I declare that I have read and understood the information in this form and the attendance policy as outlined in the Registration Details on the rear panel of the printed brochure or on the website, and that all statements made with respect to this form are true and complete. I understand and agree to the payment schedule, refund policy and attendance policy of The University of Winnipeg's specific program. I agree, if admitted, to comply with the regulations of The University of Winnipeg.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Brief Professional Background:

Number of years of PM/BA experience: \_\_\_\_\_ Previous PM/BA training: None 1 Intro course A few courses Many

Type of projects you manage: IT implementation/Software development Construction/Engineering Other (specify) \_\_\_\_\_

How did you first hear about this program? \_\_\_\_\_

**Note: Please attach a copy of your current resume to this registration form, including education and work experience.**

#### Executive Recommending Applicant (if applicable):

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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## Cancellation and Refund Policy

If you are unable to attend the program you may transfer to the next session subject to the 21 day written notification requirement or your organization may name a replacement candidate. A full refund will be issued for written cancellations received a minimum of 21 days before the program start date.

Written cancellations received after the 21 day written notification requirement will forfeit the \$800 deposit. Non-attendance or withdrawal after the program start date will incur charges of the full program tuition fees.

## Non-refundable Transfer Policy

Once the MCPM program has commenced, only one module transfer to another session will be permitted without penalty (subject to space availability). Each subsequent transfer is subject to a \$200 administration fee.

## Applications for Educational Funding

All applications for educational funding must be finalized and documentation submitted to the University by the student intake appointment to maintain a secured seat in the program. A minimum installment of one-quarter of the program fees must be paid to the University by the first week of the program.

## Sponsorships

Students must submit an Authorization to Invoice form or letter on their company letterhead at the time they pay the \$800 deposit.

### Payment Method:

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Cheque (enclosed)	<input type="checkbox"/> Invoice my company*
Number _____		Exp. Date _____	
Name of Cardholder _____			
Cardholder's Signature _____		Date _____	

Please note: If emailing this form, please DO NOT include any credit card information; rather, call the number below to provide it. Please make cheques payable to The University of Winnipeg

\* Must attach authorization on company letterhead or official purchase order, including company mailing address, contact person and authorized signature.

### Payment Options (please select)

\$8,795 in full       \$800 deposit

### Four ways to register:

**Mail** this form to  
The University of Winnipeg PACE  
460 Portage Ave  
Winnipeg, MB R3C 0E8

**Fax** this registration form to 204-944-0115

**Phone** 204-982-1701

**Email** registration to [l.bailey@uwinnipeg.ca](mailto:l.bailey@uwinnipeg.ca)