





DEPARTMENT OF CONTINUING EDUCATION

APPLICATION FORM
DENTAL ASSISTING DISTANCE DELIVERY PROGRAM

EXAM SUPERVISOR:

Supervisor's Name (please print) Supervisor's Signature
Supervisor's Position Place of Writing
Supervisor's Business Address Postal Code
Business Telephone Fax
Date

You are required to find a supervisor for your examinations. These examinations must be written in an education centre such as a school or college under the immediate supervision of a supervisor of school personnel. These include the following: Principal, Vice Principal, Program Coordinator/Director, Department Head, Dean, Associate Dean, or Guidance Counselor. Examinations may be written at NAIT by appointment. Students may not be supervised by relatives, personal friends, colleagues or employers.

I, agree to preside over examinations written by (Please print)

I am aware that approximately 8 examinations per term, each requiring two hours will require direct supervision. I will follow the examination regulations forwarded to me. I am not a relative or personal friend of the above-named student. I will ensure that the examination rules sent to me will be followed.

DECLARATION

I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld. I understand that any misrepresentation on my part may result in cancellation of my admission or registered status. If admitted, I understand that I am responsible for all applicable academic regulations, tuition and fees, whether or not I successfully complete the course(s) in which I am enrolling. I certify that the above statements are true and correct.

I consent to the disposal of my personal records including examinations after a grade/mark has been assigned and the appeal time limit has expired.

Signature Date

ADMINISTRATIVE USE:

Prerequisites Fee PSRegistered Receipt
Supervisor Approved Program Manual Sent
Date Accepted/Refused Student Number

PAYMENT INFORMATION

Payment and required documentation must accompany this completed form. Your application will not be accepted without it. Original application must be forwarded if preceded by a fax application.

Payment: \$ Course Fees + GST (if applicable)

Please check one: VISA MASTERCARD AMERICAN EXPRESS Cheque

Credit Card Number Expiry

Card Holder Name Signature

IT'S EASY TO APPLY

SUBMIT APPLICATION TO: Dental Assisting Distance Delivery Program

PHONE: 780.471.8761 FAX: 780.491.3149

EMAIL: dental@nait.ca

IN PERSON: NAIT, Room: E101, 11762 - 106 St. Edmonton AB

MAIL: NAIT, DADDP, Room: E101, 11762 - 106 St. Edmonton AB T5G 2R1