

**Management Endorsement**  
**EQUITY, QUALITY, AND LEADERSHIP IN EDUCATION PROGRAM**  
**2015**

Applicant's Name:      First Name: \_\_\_\_\_      Last Name: \_\_\_\_\_

Applicant's Title: \_\_\_\_\_

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The following section is to be completed by your Representative/Director or Deputies.

Please print your name in block letters here: \_\_\_\_\_

Title \_\_\_\_\_

Please provide your email address here: \_\_\_\_\_

I nominate APPLICANT NAME to enrol and participate in the Equity, Quality and Leadership in Education Program.

Signature: \_\_\_\_\_

Approval date: \_\_\_\_\_

Date: \_\_\_\_\_