

CELN Participant Recommendation Form

I, _____, recommend _____, to be enrolled
 (Principal) (participant name)

in the Certificate of Educational Leadership Nunavut (CELN) program.

Name	
School	
Community	
Job title	
Email (work)	
Email (personal)	
Phone number	
Mailing address	

Select	Course number	Course name
<input type="checkbox"/>	CELN ED509	Foundations of Transformational Leadership in Nunavut Education
<input type="checkbox"/>	CELN ED511	Proactive Instructional Leadership in Nunavut Communities
<input type="checkbox"/>	CELN ED512	Educational Leadership: Engaging Nunavut Parents, Elders, and Community (with a focus on Literacy Leadership)
<input type="checkbox"/>	CELN ED513	Leadership of the School Improvement Process in Nunavut Communities (with a focus on Literacy Leadership)
<input type="checkbox"/>	CELN ED514	Reflective Practice in Educational Leadership for Nunavut (with a focus on Literacy Leadership)

I, _____, approve _____, to be enrolled
 (superintendent) (participant name)

in the Certificate of Educational Leadership Nunavut (CELN) program.