Continuing & Distance Education
PO Box 550 Truro, NS B2N 5E3
Tel: (902) 893-6666
Fax: (902)895-5528
Email: cde@nsac.ca

Application for Master Gardener Certificate of Achievement

Section A: Personal Data

_____

Please print your name in full **exactly** as you wish it to appear on your Certificate (e.g. Katherine Anne Smith)

_____

Home Province Email address

I agree to allow my contact information to be forwarded to my regional Master Gardener Association. Yes __ No__

Section B: Course History

Check the courses you have completed in the Certificate Program and record the start and completion date for each course.

	Start Date (MM/YY)	Completion Date (MM/YY)
☐ Plant Identification and Use	_____	_____
☐ Science of Gardening	_____	_____
☐ Maintaining the Garden	_____	_____
☐ The Art of Gardening	_____	_____
☐ Summer Workshop Level 1	_____	_____

Section C: Intent to Graduate

I am applying to graduate from the following program:

☐ Master Gardener Training Certificate (I do not intend on completing the Summer Workshop)

☐ Master Gardener Training Program (I have completed all four required courses plus Level I Summer Workshop)

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Graduation Ceremony:

☐ I will be attending the graduation ceremony at NSAC in July

☐ I will not be attending the graduation ceremony. Please forward my certificate in the mail.

Section D:

_____ _____ _____ _____

Signature of Student Date Signature of Manager of Continuing Education Date

Submit this completed form to Continuing Education two weeks prior to Graduation date. No application fee is charged. Inform Continuing Education if you are unable to attend the graduation ceremony. Eligible students whose financial accounts are in arrears will not receive a certificate until the amount is cleared.