

iLEAD APPLICATION FORM

Application Checklist

- Application form
- Copy of unofficial transcript from WebAdvisor
- Letter of support from faculty supervisor
- Letter of support from the organization (*if applicable*)
- Position description (*if applicable*)
- Preliminary proposal for project paper (*if applicable*)

Submission Information

Please submit a copy of your application and supporting documentation to:

Sema Chaudhry
Project Coordinator
School of Business
100 College Drive (Room A235)
North Bay, ON P1B 8L7
semac@nipissingu.ca

If you have any questions about iLead or the application process, please contact the Project Coordinator, School of Business to schedule a meeting.

Approval Process

Once your completed application has been received, it will be reviewed by the School of Business. The result of your application will be communicated to you via your student e-mail. If approved, you will be eligible to register for the course through WebAdvisor and will be notified by the Registrar's office.

For Office Use Only:

- Approved for committee review
- Student is ineligible
- Incomplete
- Rejected



iLEAD APPLICATION FORM

Please Check One:

- | | |
|--|--|
| <input type="radio"/> ADMN 3096 Canadian Internship | <input type="radio"/> ADMN 4307 Management Consulting II |
| <input type="radio"/> ADMN 3146 International Exchange Study | <input type="radio"/> ADMN 4335 Honours Thesis |
| <input type="radio"/> ADMN 3336 Special Projects | <input type="radio"/> ADMN 4336 Directed Studies |
| <input type="radio"/> ADMN 3337 Field Placement I | <input type="radio"/> ADMN 4337 Field Placement II |
| <input type="radio"/> ADMN 4146 Community Organization Internship | <input type="radio"/> ADMN 4346 Field Based Consulting Project |
| <input type="radio"/> ADMN 4165 Intercultural International Internship | <input type="radio"/> ADMN 4915 Entrepreneurship |
| <input type="radio"/> ADMN 4306 Management Consulting I | |

Student Information

Name _____ Student ID _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

Degree Program _____ Stream _____

Year of Study _____

Course Information

GPA _____

Name of Faculty Supervisor _____

Signature of Faculty Supervisor _____

Signature of Applicant _____

Date _____

Name of Organization (internships and placements) _____

Position Title (if applicable) _____



Learn through Experience, Action and Discovery

