

Signature Page

By signing below, both the applicant and the post-secondary institution partner confirm that all of the information provided in this Business Case application is complete, correct and true.

_____	_____
Name	Signature
_____	_____
Applicant/School Authority Role	Date (yyyy/mm/dd)
_____	_____
Name	Signature
_____	_____
Post-Secondary Institution Role	Date (yyyy/mm/dd)

SAMPLE