

Special Language Credit Option: Challenge for Credit
Examiner's Registration Form



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Individuals wanting to obtain approval to act as an examiner for Special Language Credit Option purposes must complete this form and forward it with a resumé/curriculum vitae to

Special Language Credit Option
Manitoba Education and Early Childhood Learning
Learning and Outcomes Branch
curr_impl@gov.mb.ca
204-945-8463

Surname

Given Name

Address

City/Town

Province

Postal Code

Business Telephone

Home Telephone

Fax

Email

Language(s) you are proficient in and qualified to examine

- 1.
- 2.
- 3.

Please process my request to be registered as a Special Language Credit Option examiner for the language(s) listed above. **I hereby authorize Manitoba Education and Early Childhood Learning to publish my personal contact information in the department's list of Special Language Credit Option Examiners**

in both **print and electronic** format via the Internet.

Applicant's Signature

Date