

Manitoba Education and Training
Special Language Credit Option

Application for ASL Special Language Credit Option Examinations

All Senior Years students requesting ASL challenge examinations for Special Language Credit Option purposes must complete this form.

Return to: ASL Assessment Lead
Manitoba School for the Deaf
242 Stradford Street
Winnipeg MB R2Y 2C9
Email: pssbinfo@gov.mb.ca
Telephone: 204-945-8934
Fax: 204-945-1767

Part 1: Completed by the student

Name of Applicant _____
(Surname) (Given Name)

Address _____

Home Telephone Number _____ Postal Code _____

Date of Birth _____ Present Grade _____
(Day / Month / Year)

School Attended This Year _____

School Address _____

Postal Code _____ Telephone Number _____

Name of Principal _____

School Division _____

Grade Level to Be Examined:

ASL 10G ASL 20G ASL 30S ASL 40S

Additional Comments or Information: _____

(Date) (Applicant's Signature)

Part 2: Completed by the school

This is to certify that the applicant is a student presently enrolled in this school. His/her application for a special credit is hereby approved.

School _____

Teacher's/Counsellor's Signature _____

Approved _____
(Principal's Signature) (Date)

Forward marks to:

Principal Resource Teacher Guidance Counsellor Teacher/Consultant for the Deaf/HH

Mailing Address(es) _____

Email Address(es) _____

Fax _____