

School-Initiated Course (SIC)

Deadline Date: Prior to Start of SIC

Contact Information:

Professional Staff Name _____ Position: _____

School Division/ALC Partner Name _____

School/ALC Name: _____ School/ALC Code Number: _____

Address: _____

Telephone: _____ Email: _____ Fax: _____

SIC Information:

School-Initiated Course Title: _____

Number of Hours:	Course Code:	Course Credit Value: 0.5 or 1.0 <i>(circle one value only)</i>	Course Level: 11G 21G 31G 41G <i>(circle one level only)</i>
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Start Date: _____ Completion Date: _____

We agree to permit sharing of this SIC with other Schools/Divisions/Districts/ALCs. Yes No

Is this SIC for students completing a Mature Student Diploma? Yes No

SIC Approval:

Principal/ALC Director *(please print)*: _____ Date: _____

Signature: _____ Email: _____

Superintendent or Designated Representative *(please print)*: _____ Date: _____

Signature: _____ Email: _____

For the English Program and the Senior Years Technology Education Program, please return completed form by mail or fax to :

SIC Registration
 Program Development Branch
 Manitoba Education and Youth
 W320 - 1970 Ness Avenue
 Winnipeg, MB R3J 0Y9
 Fax: (204) 948-3668

For the Adult Learning Centres, please return completed form by mail or fax to :

SIC Registration
 Adult Learning and Literacy Branch
 Manitoba Advanced Education and Training
 310 - 800 Portage Avenue
 Winnipeg MB R3G 0N4
 Fax: (204) 948-1008

For the Français Program and the French Immersion Program, please return completed form by mail or fax to :

SIC Registration
 Curriculum Development and Implementation Branch
 Bureau de l'éducation française
 Manitoba Education and Youth
 509 - 1181 Portage Avenue
 Winnipeg, MB R3G 0T3
 Fax: (204) 945-1625

FOR OFFICE USE ONLY

Date Stamp:

Comments: _____ Course Outline Attached

Registered: *(signature)* _____

Student Records Notified: _____

VALID FOR CURRENT YEAR ONLY

SPD Registration Number: _____