

Student-Initiated Project (SIP) Registration Form

Deadline Date: Prior to Start of SIP



Contact Information

Professional Staff Name: _____ Position: _____

School Division/Adult Learning Centre (ALC) Partner Name: _____

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

Address: _____

Telephone: _____ Email: _____ Fax: _____

SIP Information

Student Name *(please print)*: _____

Student-Initiated Project Title *(please print)*: _____

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: _____

SIP Approval

Signature of Student: _____ Date: _____

Signature of Parent *(if required)*: _____ Date: _____

Signature of Principal/ALC Director: _____ Date: _____

Signature of Designated Representative: _____ Date: _____

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

SIP Registration
Instruction, Curriculum and
Assessment Branch
Manitoba Education
1567 Dublin Avenue
Winnipeg MB R3E 3J5
Telephone: 204-945-0254
Fax: 204-948-3668

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

SIP Registration
Adult Learning and Literacy Branch
Manitoba Advanced Education and
Literacy
350-800 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:

SIP Registration
Curriculum Development and
Implementation Branch
Bureau de l'éducation française Division
Manitoba Education
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

SIP Registration Number: _____