Manitoba Education and Advanced Learning Special Language Credit Option: Challenge for Credit

Examiner's Registration Form

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, School Programs Division, Manitoba Education and Advanced Learning, 1567 Dublin Avenue, Winnipeg MB R3E 3J5, Fax: 204-948-3668.

Name of Applicant			
	(Surname)	(Given	Name)
Address			
			(Postal Code)
Business Telephone		Home Telephone	
Fax		Email	
Language(s) you are pro	ficient in and qualified t	o examine	
1			
2			
3			
language(s) listed above publish my personal of	ve. I hereby authorize N	n Special Language Credit Op Manitoba Education and Ad the department's list of Spe (x)	vanced Learning to
in both pr	int and electronic form	at via the Internet	
in print fo	rm only		
Date	Applicar	nt's Signature	
Date	Principal	's Signature	