

Request for Reconsideration

Note: Your *Request for Reconsideration* must be submitted within 45 days of the date of the Notification Decision received from the Professional Certification Unit.

Requests submitted beyond 45 days will not be considered.

PLEASE USE CAPITAL LETTERS

A. Personal Data

Legal Name _____
Surname Given Name Middle Name

Mailing Address _____
P.O Box/Street City/Town Province Postal Code

Date of Birth _____ Telephone No. _____ ID/PSP or
Day/Month/Year Cert. No. _____

Email Address _____

B. Reasons for Request for Reconsideration

Please explain why you are requesting a reconsideration of the decision (use a separate sheet if necessary). Provide any background information necessary to clarify your reasons.

Request for Reconsideration

.....

C. Additional Information

If you are providing additional documentation, please identify this documentation and list it below.

(Note: Only originals or clear reproductions sent directly by mail from the institution to the Professional Certification Unit will be accepted.)

Signature _____ Date _____

Mail Request for Reconsideration to:

**Director, Teacher Certification and Standards
Room 309 – 1181 Portage Avenue
Winnipeg Manitoba R3G 0T3
Fax: 204-945-1625**