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): ____________________________________________________________

<table>
<thead>
<tr>
<th>Number of Hours:</th>
<th>Course Code:</th>
<th>Course Credit Value:</th>
<th>Course Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.5 or 1.0 (circle one value only)</td>
<td>11G 21G 31G 41G (circle one level only)</td>
</tr>
</tbody>
</table>

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

Comments: __________________________ Course Outline Attached ❑

Registered (signature): __________________________
Student Records Notified: __________________________

VALID FOR CURRENT YEAR ONLY
SIP Registration Number: __________________________