School-Initiated Course (SIC) Registration Form Deadline Date: Prior to Start of SIC



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:
SIC Information		
School-Initiated Course Title (please prin	t):	
Number of Hours: Course Code:	Course Credit 0.5 or 1.0 Value: (circle one value only)	Course 11G 21G 31G 41G Level: (circle one level only)
Start Date:	Completion I	Date:
We agree to permit sharing of this SIC	•	
SIC Approval Principal/ALC Director Name (please principal)	nt):	Date:
Signature:		nail:
Superintendent or Designated Representative Name (plea		
Signature:		nail:
For the English Program and the Senior Years Technology Education Program, please return completed form by mail or fax to:	For the Adult Learning Centres, please return completed form by mail or fax to:	For the Français Program and the French Immersion Program, please return completed form by mail or fax to:
SIC Registration Instruction, Curriculum and Assessment Branch Manitoba Education 1567 Dublin Avenue Winnipeg MB R3E 3J5 Telephone: 204-945-0254 Fax: 204-948-3668	SIC Registration Adult Learning and Literacy Branch Manitoba Advanced Education and Literacy 350–800 Portage Avenue Winnipeg MB R3G 0N4 Fax: 204-948-1008	
	For Office Use Only	
Date Stamp	Comments:	Course Outline Attached 🔲
	VALID FOR CURRENT YEAR O SIC Registration Number:	