

Request for Reconsideration

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Note: Your Request for Reconsideration must be submitted within 45 days of the date of the decision received.

Mail *Request for Reconsideration* to:

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

PLEASE USE CAPITAL LETTERS

A. Personal Data

Surname	Given Name	Middle Name
P.O.Box/Street	City/Town	Province Postal Code
Date of Birth	Telephone No.	ID/PSP or 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.

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C. Additional Information

If you are providing additional documentation, please list them below.

Signature _____ Date