

Application For Special Language Credit

This form must be completed by
all high school students claiming special credit for languages.

Deadline for application is February 7, 2022

AMERICAN SIGN LANGUAGE (ASL):

Return to: Sarah Rabu, ASL Assessment Lead
Manitoba School for the Deaf
242 Stradford Street
Winnipeg MB R2Y 2C9
Phone: 204-945-8934 Fax: 204-945-1767
Email: Sarah Rabu at srabu@msd.ca

Note: Download and save the form to your digital device, complete it using Adobe Acrobat, and submit it by email.

PART I: To be Completed by the Student

Full Name Of Applicant _____
(Surname) (Given Name(s))

Address _____

Postal Code _____ Home Phone Number (_____) _____

Date Of Birth _____ Present Grade _____
(Day) (Month) (Year)

School Attended This Year _____

Address Of School _____

Postal Code _____ School Phone Number (_____) _____

Name Of Principal _____

School Division _____ Division Phone Number (____) _____

Sign language level for which credit is requested

ASL 10F _____ ASL 20F _____ ASL 30S _____ ASL 40S _____

Additional Comments or Information _____

(Signature of Applicant)

(Date)

See next page

PART II: To be Completed by the School

This is to certify that the applicant _____
is a student presently enrolled **in this school**. His/her application for a special credit is hereby approved
and the school/school division accepts responsibility for the expense involved in the assessment.

School _____

(Signature Teacher/Student Services)

Approved

(Principal)

(Date)

(Please print name to forward marks)

Address _____ Postal Code _____

Principal/Student Services Personnel Email _____