

# Designation Application Educational Institution and Program



## BEFORE YOU START:

- Educational Institutions must complete all applicable sections.

Please complete the following sections of the Designation Application form that apply to your Educational Institution.

	MANITOBA	CANADIAN	INTERNATIONAL
Section 100.	✓	✓	✓
Section 200.			✓
Section 300.	✓	✓	✓
Section 400.	✓	✓	✓
Section 500.*	✓*	✓*	✓*
Section 600.	✓	✓	
Section 700.	✓	✓	✓

\***Section 500:** An educational institution must declare if it provides Distance Education training. This section must be completed if your request for designation includes e-learning/on-line learning.

- Applications may take 6-8 weeks to process from the point when all required documentation has been received by the Designation Unit.
- MSA financial assistance cannot be provided to the student until the Designation process is complete.

**IMPORTANT: This form must be completed electronically. Hand-written submissions will not be accepted.**

**WHEN YOU FINISH: Forward your completed application and all supporting documents by the following means:**

- Email (in PDF format with signatures affixed) to [msadesigna@gov.mb.ca](mailto:msadesigna@gov.mb.ca) .

SECTION	EDUCATIONAL INSTITUTION CONTACT INFORMATION
<b>100</b>	
101	Name of Conferring Educational Institution:
102	Name of Campus (if applicable):
103	Physical Location Address:
104	City/Town:
105	Province/State:
106	Country:
107	Postal or Zip Code:

108	Financial Aid Office Address:
109	City/Town:
110	Province/State:
111	Country:
112	Postal or Zip Code:
113	Date Educational Institution Established (dd/mm/yy):
114	Confirmation code that indicates your school is approved for student financial assistance (designated) in your province/state: U.S.: FAFSA Code                      CDN: CSL Code                      INT'L: Verification Code
115	Main Website:
<b>EDUCATIONAL INSTITUTION DESIGNATION</b>	
116	List the provincial/state/federal legislation that authorizes your institution to confer education:
117	Does your institution participate in any form of "train-out insurance fund"? <input type="checkbox"/> Yes <input type="checkbox"/> No
118	Type of Institution (please select one): <input type="checkbox"/> Publicly funded <input type="checkbox"/> Privately funded (not for profit) <input type="checkbox"/> Privately funded (for profit)
119	If your institution is publicly funded, select one of the following: <input type="checkbox"/> Community College <input type="checkbox"/> Religious Institution <input type="checkbox"/> Junior College <input type="checkbox"/> University
120	If your institution is privately funded, select one of the following: <input type="checkbox"/> Flying school <input type="checkbox"/> Teaching Hospital/Nursing/Para-Medical <input type="checkbox"/> Private Career College <input type="checkbox"/> Private Trade <input type="checkbox"/> Vocational School <input type="checkbox"/> Other:
121	If privately funded under Section 118, indicate the nature of ownership: <b>Name of Owner(s):</b> <b>Title:</b> <b>Address:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> For Profit
122	List the affiliations, association memberships, accrediting agencies, or governmental bodies which recognize your institution: 1) 2) 3)
123	Indicate any transfer arrangements/understandings which have been made between your institution and other post-secondary institutions. <b>(Provide a direct web link to the course calendar):</b> 1) 2) 3)

SECTION	EDUCATIONAL INSTITUTIONS IN THE UNITED STATES ONLY	
200		
201	Is your educational institution approved for <i>Title IV</i> from the US Department of Education? (provide scanned copy of acceptance letter):	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Provide the US Federal <i>Title IV</i> Institution Code:	
	Does <i>Title IV</i> apply to all campuses?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <b>NO</b> please list the campuses <i>Title IV</i> applies to:	
	Is the program approved for <i>Title IV</i> funding by the US Department of Education?:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION	MEDICAL SCHOOLS ONLY	
300		
301	What date was the medical school/college established (dd/mm/yy)?:	
	Has the medical school been in continuous operation for the past 10 years?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	When was the medical program first offered (dd/mm/yy)?:	
	Is the medical school/college listed on FAIMER? (provide scanned copy of documentation):	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION	PROGRAM DESIGNATION INFORMATION	
400		
401	Name of Student Applicant:	
402	Name of Educational Program:	
403	Is this a Full-time program?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <b>NO</b> , does this Part-time program have a Full-time equivalent?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
404	Has this program been approved by your home province/state for domestic student financial assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the program eligible for Full-time and Part-time student financial aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
405	Has this program been approved by the required governing educational accrediting agency?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b><u>If yes, list which accrediting agency</u></b> (provide scanned copy of acceptance letter):	

406	<p>Is this program part of a regulated industry?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, has the regulatory authority approved this program?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, list which regulatory authority</b> (provide scanned copy of acceptance letter):</p>
407	<p>Select the type of credential earned upon completion of this program:</p> <p><input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> 2nd Undergraduate Degree</p> <p><input type="checkbox"/> Doctorate <input type="checkbox"/> Graduate Certificate/Diploma</p>
408	<p>List this program's entrance requirements (provide scanned copy of documentation):</p>
	<p>MSA's policy on mature students requires the student to be <u>at least</u> 19 years of age and 1 year out of high school. Does your educational institution meet this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
409	<p>How does a student graduate from this program? <b>Only select the subsection that best applies to the program.</b></p> <p>a) <input type="checkbox"/> Credit Hours b) <input type="checkbox"/> Attendance hours c) <input type="checkbox"/> Number of Courses</p>
410	<p>How many <b>hours per week</b> are dedicated to in-classroom instruction: _____ <b>attendance/credit hours</b></p>
411	<p>Specify the total credits/attendance hours/courses needed to graduate from this program? <b>(ie: completion of 120 credits or 700 hours)</b></p>
412	<p>The total length of this full-time program is: _____ -OR- _____ weeks years</p>
413	<p>Does this program include one of the following: co-op/practicum/clinical placement/work experience? <b>(if YES has been selected, please complete Sections 414-418)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
414	<p>Select the corresponding work experience:</p> <p><input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Clinical Placement <input type="checkbox"/> Practicum</p>
415	<p>Is the co-op/practicum/clinical placement/work experience mandatory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
416	<p>Is the co-op/practicum/clinical placement/work experience paid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
417	<p>How many hours per week are dedicated to the co-op/practicum/clinical placement/work experience? _____ hours per week</p>
418	<p>How many <b>attendance/credits hours</b> AND what <b>percentage</b> of the total program's length is dedicated to the co-op/practicum/clinical placement/work experience?:</p> <p>For example: 300 attendance hours (of a total 1200 hour program) 25%</p> <p>_____ <b>attendance/credit hours</b> for a total of _____%</p>

<b>SECTION</b>	<b>DISTANCE EDUCATION or ONLINE or E LEARNING ONLY</b>
<b>500</b>	
<b>COMPLETE SECTIONS 501-513 ONLY IF THE CURRENT PROGRAM DESIGNATION REQUEST IS BEING OFFERED THROUGH DISTANCE EDUCATION or ONLINE or E-LEARNING</b>	

MANITOBA, CANADA AND INTERNATIONAL		
501	<b>Universities and colleges that lead to a degree:</b> the program includes at least 12 hours per week of study activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
502	<b>Career, vocational and technical institutions:</b> the program includes at least 20 hours per week of study activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
503	<b>Institution and program staff can actively monitor student participation and maintain contact with the student to ensure the above mentioned hourly study activity is maintained.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
504	<b>Institution and program staff can demonstrate they are monitoring student academic activities to Manitoba Student Aid upon request.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
505	<b>Institution can provide definitive program start and end dates.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
506	<b>Does the distance education division operate under separate administration from the financial aid officer in the main university/college?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
MANITOBA AND CANADA		
507	<b>Which Canadian quality assurance body has approved the educational institution and program (provide scanned copy of approval)?</b>	
508	<b>Program has an equivalent on-site offering for this program of study.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
509	<b>Program has academic credits or credit hours earned through the program of study that are transferable to a designated post-secondary educational institution located within the same province or territory.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
INTERNATIONAL		
510	<b>Has a Canadian quality assurance body approved your institution and program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
511	If <b>YES</b> , name the quality assurance body.	
512	<b>Are the institution and program approved for <i>Title IV</i> funding by the US Department of Education?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
513	<b>Is the educational institution and program in receipt of an acceptable rating in a full institutional audit conducted by the United Kingdom Quality Assurance Agency for Higher Education within the last 5 years?</b> Provide a scanned copy of report.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION	STUDENT TUITION DIRECT DEPOSIT (MANITOBA AND CANADIAN EDUCATIONAL INSTITUTIONS ONLY)	
<b>600</b>	<p>Students must negotiate their Manitoba Student Loans directly through Manitoba Student Aid. MSA forwards tuition funds to all educational institutions by electronic funds transfer (EFT). By completion of this section, a tuition notice will be emailed to the educational institution's contact person, detailing the Student Name, student number (if available) and Direct Deposit Amount. <b>All Canadian Educational Institutions must provide their financial institution's banking information, along with a copy of a void chèque or direct deposit form, in order to be designated by Manitoba Student Aid.</b></p>	

**FINANCIAL OFFICER INFORMATION**

601	Name:
602	Title:
603	Telephone Number:
604	Fax Number:
605	Email Address:

**FINANCIAL BANKING INSTITUTION INFORMATION**

606	Financial Institution Name:
607	Account Number:
608	Transit Number:
609	Institution Number:
610	Address:
611	City/Town:
612	Postal Code:

<b>SECTION</b>	<b>DECLARATION AND AUTHORIZED SIGNATURE (Registrar/Senior Officer)</b>
<b>700</b>	

Having the legal authority to bind the above institution and at the stated location, I, the undersigned, hereby declare that all information supplied in connection with this application is accurate and in accordance with the facts. I hereby agree that the institution will comply with the terms of the Memorandum of Understanding (Manitoba based Institutions only), whichever and where applicable. By signing this agreement, I take full responsibility for the compliance of the institution at the location noted; I further understand that failure to comply may result in the de-designation of the institution and its programs by Manitoba Student Aid.

By the undersigned, this institution also agrees to:

- Verify that students receiving Manitoba Student Aid Program funding are currently enrolled **before** the designated signing officer signs a Certificate of Eligibility.
- Notify MSA of student withdrawal or change in course load and of any students who drop from full-time to part-time status (as outlined in the information package).
- Not charge students or the Government of Manitoba, any fee for the purpose of processing or signing documents necessary to administer the Canada Student Loan Program or Manitoba Student Aid Program.

701	Registrar/Senior Officer Contact Information	Name:	Telephone:
		Title:	Fax:
		Email:	Date:
		Authorized Signature:	