

Designation Application Educational 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 400:** 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 4-6 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

SECTION	PROGRAM DESIGNATION	
100		
101	Name of conferring Educational Institution:	
102	Name of Student Applicant:	
103	Name of Educational Program:	
104	Is this a Full-time program?: If NO , does this Part-time program have a Full-time equivalent?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
105	Has this program been approved by your home province/state for domestic student financial assistance? Is the program eligible for Full-time and Part-time student financial aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
106	Has this program been approved by the required governing educational accrediting agency?: If yes, list which accrediting agency (provide scanned copy of acceptance letter):	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

SECTION	DISTANCE EDUCATION or ONLINE or E LEARNING	
400		

COMPLETE THE FOLLOWING SECTIONS ONLY IF THE CURRENT PROGRAM DESIGNATION REQUEST IS BEING OFFERED THROUGH DISTANCE EDUCATION or ONLINE or E-LEARNING

MANITOBA, CANADA AND INTERNATIONAL		
401	Universities and colleges that lead to a degree: the program includes at least 12 hours per week of study activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
402	Career, vocational and technical institutions: the program includes at least 20 hours per week of study activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
403	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
404	Institution and program staff can demonstrate they are monitoring student academic activities to Manitoba Student Aid upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
405	Institution can provide definitive program start and end dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
406	Does the distance education division operate under separate administration from the financial aid officer in the main university/college?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MANITOBA AND CANADA

407	Which Canadian quality assurance body has approved the educational institution and program (provide scanned copy of approval)?	
408	Program has an equivalent on-site offering for this program of study.	<input type="checkbox"/> Yes <input type="checkbox"/> No
409	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

INTERNATIONAL

410	Has a Canadian quality assurance body approved your institution and program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
411	If YES, name the quality assurance body.	
412	Are the institution and program approved for <i>Title IV</i> funding by the US Department of Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
413	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? Provide a scanned copy of report.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION	DECLARATION AND AUTHORIZED SIGNATURE (Registrar/Senior Administration Officer)		
500			

501	Registrar/Financial Officer Contact Information	Name:	Telephone:
		Title:	Fax:
		Email:	Date:
		Authorized Signature:	

OFFICE USE ONLY

Designation Office Signature:	Designation Clerk initials:
Date Approved:	Date Filed: