



School Division: _____

School Information:

Contact Name/Position: _____

School: _____

Address: _____

Telephone: _____ E-mail: _____ Fax: _____

Course Information:

Dual Credit Title and Number: _____

Post Secondary Institution: _____

No. of Hours: _____ Course Credit Value: *.5 or 1.0* (Circle one credit value only) Course Level: *32C 42C 42U* (Circle one only)

Commencement Date _____ Completion Date: _____

1st Semester 2nd Semester Full Year Alternate

Dual Credit Approval:

Signature of Principal: _____ Date: _____

(please print name) _____ E-mail: _____

Signature of Superintendent or Designated Representative: _____ Date: _____

(please print name) _____ E-mail: _____

Course Description:

Method of Delivery: *(please indicate)* In School Post-Secondary Institution Distance Education

For the English Program and the Senior Years Technology Education Program, please return completed form by mail or fax to:

Dual Credit Registration
Instruction, Curriculum and Assessment Branch
Manitoba Education, Citizenship and Youth
W320 – 1970 Ness Avenue
Winnipeg MB R3J 0Y9
Fax: (204) 948-3668

For the Français Program and the French Immersion Program, please return completed form by mail or fax to:

Dual Credit Registration
Curriculum Development and Implementation Branch
Bureau de l'éducation française
Manitoba Education, Citizenship and Youth
509 – 1181 Portage Avenue
Winnipeg MB R3G 0T3
Fax: (204) 945-1625

TO BE COMPLETED BY MANITOBA EDUCATION, CITIZENSHIP AND YOUTH:

Date Stamp: _____

Comments: _____ Course Description completed:

Registered: (signature) _____

Student Records Notified: _____ Database Entry: _____

Date Registered: _____
VALID FOR CURRENT SCHOOL YEAR ONLY: