

CONTINUING SERVICE EDUCATION APPLICATION FOR APPROVAL - UPGRADING PROGRAM

Name: _____

Mailing Address: _____

_____ Email: _____

Signature: _____ Date: _____

Level of Teacher's Certificate Sought: _____ Home Telephone Number: _____

Upgrading Program	Name of Degree/ Certificate/ Diploma to be Awarded	University
Degree <input type="checkbox"/>		Acadia <input type="checkbox"/>
Certificate * <input type="checkbox"/>		Cape Breton <input type="checkbox"/>
		Mount Saint Vincent <input type="checkbox"/>
		St. Francis Xavier <input type="checkbox"/>
Integrated * <input type="checkbox"/>		St. Mary's <input type="checkbox"/>
		Université Sainte Anne <input type="checkbox"/>
Diploma <input type="checkbox"/>		Other _____ <input type="checkbox"/>

Note: For integrated programs **only**, a list of individual courses must be provided on a separate page.

Approved By: _____ Date: _____
 Signature of Teacher Certification Official

Class of Certificate for which the program has been approved: _____

Please note that pursuant to Section 49(2) of the *Teacher Certification Regulations* made under the *Education Act*, your program must be completed within **seven years** from the prescribed date.

* **Certificate and Integrated programs**, in accordance with the decision of the Minister's Advisory Committee for Teacher Certification, **must be approved in writing prior to the commencement of study**. Completion of programs that are **not** pre-approved will not be considered for an increase in certification classification.