

CONTINUING SERVICE EDUCATION APPLICATION FOR APPROVAL - UPGRADING PROGRAM

Name: _____

Mailing Address: _____

Signature: _____ Date: _____

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"/>
Integrated * <input type="checkbox"/>	_____	Mount Saint Vincent <input type="checkbox"/>
Diploma <input type="checkbox"/>	_____	St. Francis Xavier <input type="checkbox"/>
	_____	St. Mary's <input type="checkbox"/>
	_____	Université Sainte Anne <input type="checkbox"/>
	_____	Other _____ <input type="checkbox"/>
	_____	_____ <input type="checkbox"/>

Note: For integrated programs **only**, a list of individual courses with university faculty advisor signature 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 30J or 30Q of the *Governor-in-Council Education Act Regulations* made under the *Education Act*, your program must be completed within **seven years** from the prescribed date.

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