

SECTION I – GENERAL INFORMATION

Date of Application		Student No. (9 digits)	
Surname		All Given Names (Do not abbreviate – underline your preferred name.)	
Acadia program in which you are enrolled	Phone #	E-Mail	
Postal Address			

SECTION II – PROGRAM INFORMATION

List the component professional development experiences in the table below. The numbers in column 1 should be assigned as an annotation to the supporting documents.(i.e. certificates/letters etc. should be numbered so as to align with the experience being qualified)

Name of Program	Community Organization/Institution of Offering	Date(s) of Program	Facilitator/Instructor Name	Facilitator/Instructor Phone #	Number of Hours		Hours Approved?
					Learning/Instructional	Prep/Study Work	
1							
2							
3							
4							
5							
6							
7							

SECTION III –JUSTIFICATION: IMPORTANT-READ CAREFULLY

In order to process your request for credit it is crucial that you provide supporting documentation for each professional development experience noted above. The preferred documents include:

- a short description of how the program work directly related to your professional development
- scanned program certificates or transcripts
- facilitator/instructor letters attesting to the hours of engagement (instructional contact hours and study/prep hrs)
- letters from program directors attesting to the hours of engagement (e.g. community group leader, Regional Centre officers, organization leaders)

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Number of Hours Approved:	Course Credit Approved?	Student Notified?
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Graduate Coordinator’s Signature:

Date:

copies: Registrar’s Office Student Student’s File