



File IFB-E1

School-Initiated Course Registration Form

School Division/District: _____

School

Contact Name/Position: _____

School: _____

Address: _____

Telephone: _____ Fax: _____

SIC Information

Course Title: _____

Course Code (see Subject Table Handbook) _____ Course Destination (see Subject Table Handbook) _____

No. of Hours: _____ No. of Course Credits (1.0 or .50): _____

Commencement Date: _____ Planned Completion Date: _____
(Day/Month/Year) (Day/Month/Year)

SIC Approval

Signature of Principal: _____ Date: _____

Signature of School Division:
District Representative: _____ Date: _____

TO BE COMPLETED BY MANITOBA EDUCATION

Date received: _____ Date Correspondence Sent to
School Division/District: _____

Filed by: _____ Date Entered on Database: _____

Date Advised Professional Certification and Student Records: _____

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

SIC/SIP Registration
Program Development Branch Curriculum
School Programs Division
Manitoba Education
W220 B 1970 Ness Avenue
Winnipeg, MB R3J 0Y9
Fax: 204-945-3042

PLEASE ATTACH COURSE OUTLINE DOCUMENTATION