



DESIGNATION QUESTIONNAIRE

SCHOOL INFORMATION

SCHOOL NAME

SCHOOL ADDRESS

STREET

CITY

POSTAL CODE

SCHOOL CONTACT / TITLE

CONTACT EMAIL

PHONE CONTACT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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AREA CODE

NUMBER

FAX NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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AREA CODE

NUMBER

SCHOOL WEBSITE

NAME OF OWNER (IF APPLICABLE)

DATE SCHOOL FOUNDED

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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YEAR

MONTH

DAY

HOURS OF OPERATION (i.e. 8:00 am - 4:30 pm)

PROGRAM INFORMATION

PROGRAM OF STUDY

LENGTH OF PROGRAM

<input type="text"/>	<input type="text"/>	WEEKS PER YEAR
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<input type="text"/>	<input type="text"/>	YRS OF PROGRAM
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<input type="text"/>	<input type="text"/>	HOURS PER WEEK
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**for non-credit programs*

BREAKS IN STUDY IN PROGRAM YEARS (i.e. Christmas, Spring Break)

REASON

<input type="text"/>	<input type="text"/>	<input type="text"/>	NO. OF DAYS
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ADMISSION REQUIREMENTS:

<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
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AGE

EDUCATION LEVEL

DELIVERY METHODS:

ON-SITE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PART-TIME	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FULL-TIME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	E-LEARNING/BLENDED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CREDENTIALS OFFERED: CERTIFICATE BACHELOR DIPLOMA GRADUATE

OTHER (SPECIFY)

NOTE: PLEASE ATTACH THE ACADEMIC CALENDAR AND COURSE OUTLINE FOR THE PROGRAM OF STUDY

ACCREDITATION

DATE OF ACCREDITATION:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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YEAR

MONTH

DAY

Private Career Training Institutions Agency (PCTIA)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Degree Quality Assessment Board	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Acts created by Legislative Assembly of B.C.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provincial Government Authority	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Industry Training Authority (ITA)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insurance Corporation of British Columbia (ICBC)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SCHOOL STAMP OR SEAL