

**SECTION I – GENERAL INFORMATION**

Date of Application April 10, 2018		Student No. (9 digits) 123456789	
Surname Doe		All Given Names (Do not abbreviate – underline your preferred name.) John Sebastian	
Acadia program in which you are enrolled MEd (Curriculum)	Phone # (902) 431-2345	E-Mail 123456d@acadiu.ca	
Postal Address 14 Smith Avenue, Winterhaven, NS			

**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	Institution of Offering	Date(s) of Program	Instructor Name	Instructor Phone #	Number of Hours		Hours Approved?
					Instructional	Prep/Study Work	
1 Inclusion Workshop	Frodo Institute	24/07/2018	Franz Lister	(902) 456-6789	20	20	
2 Waldorf Conference	MSVU	17/11/2017	G. Smyth (conf. chair)	(902) 345-0987	17		
3							
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**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
- 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. school board officers, Deans)

**FOR OFFICE USE ONLY**

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