



# APPLICATION FOR PROGRAM DESIGNATION

This completed program designation application and any supporting documentation such as program or course outlines are to be sent to the Department of Education:

**Financial Assistance for Nunavut Students (FANS)**

Box 390, Arviat, Nunavut X0C 0E0

fans@gov.nu.ca

## INSTITUTION INFORMATION

<b>1. Institution/Training Provider</b>	
<b>2. Institution Website</b>	
<b>3. Institution contact person responsible for this proposal</b>	
<b>Name</b>	<b>Title</b>
<b>Telephone</b>	<b>Email Address</b>

## PROGRAM SUMMARY INFORMATION

<b>4. Program Title and Number</b>	
<b>5. Program Credential</b>	
<input type="checkbox"/> a. Record of Achievement Certificate (ROA)	<input type="checkbox"/> d. Degree or Advanced Diploma
<input type="checkbox"/> b. Certificate	<input type="checkbox"/> e. Graduate Diploma
<input type="checkbox"/> c. Diploma	
<b>6. Proposed Program Start Date and End Date</b>	
Start Date - YY/MM/DD _____ End Date - YY/MM/DD _____	
The total length of this program: _____ years -OR- _____ months -OR- _____ weeks	
<b>7. What constitutes a full-time academic year or 100% course load or attendance equivalent for this program?</b>	
<input type="checkbox"/> a. Credit How Many? _____ credits	<input type="checkbox"/> c. If other, please specify; _____
<input type="checkbox"/> b. Credit Hours? _____ hours/credits	
<b>8. In classroom hours?</b> How Many? _____ hours	
<b>9. Co-op/Practicum hours?</b> How Many? _____ hours Is this mandatory? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**10. Please identify the program's entrance requirements (please refer to where they are described in the package.)**

**11. Please identify which of the course(s) offered in this program transfer to other programs within or outside of the institution and to which institutions (please refer to where they are described in the package.)**

**12. Program Description - (please refer to where it is located in the package.)**

Please identify any learning outcomes linkages to essential employability skills (please refer to where they are described in the package.)

**13. Please identify upgrading (non-post-secondary) components to the program (please refer to where they are described in the package.)**

**14. Is there licensing or certification required by legislation for the program graduates to practice in the profession or trade?**

Yes       No

(If yes, please refer to where it is described in the package, including name of regulatory authority and current length of accreditation and expiration date or expected timelines for accreditation.)

**FOR DEPARTMENT USE ONLY**

Date application received by department - YY/MM/DD \_\_\_\_\_

\_\_\_\_\_  
Signature of the department staff processing application

Date of department response to institution - YY/MM/DD \_\_\_\_\_

\_\_\_\_\_  
Printed name of the department staff processing application