



Application For Accreditation

Ministry of Education
Student and Educator Services
1st Floor, 2220 College Avenue
REGINA SK S4P 4V9
Phone: 306-787-6012
Fax: 306-787-0035
Email: student.records@gov.sk.ca

Approval of Accreditation

This section is to be completed by the Principal and Director of Education/Program Supervisor.

The principal of the school and I have examined the required credentials for this formal application for accreditation and find them in order. The application has the approval of the principal, whose signature appears below, and my signature certifies my approval and that of the Board of Education/Tribal Council.

School Name:	School Number:
Principal/Designate's Name:	Email:

Day	Month	Year

Signature _____

School Division:	School Division Number:
Director/Program Supervisor/Designate's Name:	Email:

Day	Month	Year

Signature _____

Note: Teachers must ensure that this application form and the supporting documents are received by Student and Educator Services **before October 21 or March 21 of the semester/year in which the accreditation is required.** Notification of approval/non-approval will be e-mailed to the e-mail address provided for the Director of Education/Program Supervisor, and copied to the Principal and teacher.

For use by the Accreditation Officer, Office of the Registrar only.

<input type="checkbox"/> Approved	Start Date: _____ DD/MON/YEAR	End Date: _____ DD/MON/YEAR	<input type="checkbox"/> Entered
Renewal eligibility after fourth year: _____			
<input type="checkbox"/> Denied			
<input type="checkbox"/> Signature required for completion	_____		
<input type="checkbox"/> Require proof of attendance at Accreditation Seminar			
<input type="checkbox"/> Other: _____			
Accreditation Officer's Signature _____	Date _____ DD/MON/YEAR		<input type="checkbox"/> Emailed

One copy of the form and documentation is to be kept on file at Student and Educator Services.