

# Designation Application Educational Program



## BEFORE YOU START:

- Educational Institutions must complete all applicable sections

Please complete the following sections of the Designation Application form that apply to your Educational Institution.

	MANITOBA	CANADIAN	INTERNATIONAL
Section 100.	✓	✓	✓
Section 200.			✓
Section 300.	✓	✓	✓
Section 400.*	✓*	✓*	✓*
Section 500.	✓	✓	✓

\***Section 400:** An educational institution must declare if it provides Distance Education training. This section must be completed if your request for designation includes e-learning/on-line learning.

- Applications may take 4-6 weeks to process from the point when all required documentation has been received by the Designation Unit.
- MSA financial assistance cannot be provided to the student until the Designation process is complete.

**IMPORTANT:** This form must be completed electronically. Hand-written submissions will not be accepted.

**WHEN YOU FINISH:** Forward your completed application and all supporting documents by the following means:

- Email (in PDF format with signatures affixed) to [msadesigna@gov.mb.ca](mailto:msadesigna@gov.mb.ca)

SECTION	PROGRAM DESIGNATION	
100		
101	Name of conferring Educational Institution:	
102	Name of Student Applicant:	
103	Name of Educational Program:	
104	Is this a Full-time program?: If <b>NO</b> , does this Part-time program have a Full-time equivalent?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
105	Has this program been approved by your home province/state for domestic student financial assistance? Is the program eligible for Full-time and Part-time student financial aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
106	Has this program been approved by the required governing educational accrediting agency?: <b>If yes, list which accrediting agency</b> (provide scanned copy of acceptance letter):	<input type="checkbox"/> Yes <input type="checkbox"/> No

107	Is this program part of a regulated industry?: <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , has the regulatory authority approved this program?: <input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>If yes, list which regulatory authority</u></b> (provide scanned copy of acceptance letter):	
108	Select the type of credential earned upon completion of this program: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> 2nd Undergraduate Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Graduate Certificate/Diploma	
109	List this program's entrance requirements (provide scanned copy of documentation): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           MSA's policy on mature students requires the student to be <u>at least</u> 19 years of age and 1 year out of high school. Does your educational institution meet this policy?           <div style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>	
110	How does a student graduate from this program? <b><i>Only select the subsection that best applies to the program.</i></b> a) <input type="checkbox"/> Credit Hours   b) <input type="checkbox"/> Attendance hours   c) <input type="checkbox"/> Number of Courses	
111	How many <b>hours per week</b> are dedicated to in-classroom instruction: _____ <b>attendance/credit hours</b>	
112	Specify the total credits/attendance hours/courses needed to graduate from this program? <b>(ie: completion of 120 credits or 700 hours)</b>	
113	The total length of this full-time program is: _____ -OR- _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>weeks</span> <span>years</span> </div>	
114	Does this program include one of the following: co-op/practicum/clinical placement/work experience? <b><i>(if YES has been selected, please complete Sections 115-119)</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
115	Select the corresponding work experience: <input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Clinical Placement <input type="checkbox"/> Practicum	
116	Is the co-op/practicum/clinical placement/work experience mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
117	Is the co-op/practicum/clinical placement/work experience paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
118	How many hours per week are dedicated to the co-op/practicum/clinical placement/work experience? _____ hours per week	
119	How many <b>attendance/credits hours</b> <u>AND</u> what <b>percentage</b> of the total program's length is dedicated to the co-op/practicum/clinical placement/work experience?: For example: 300 attendance hours (of a total 1200 hour program) 25% _____ <b>attendance/credit hours</b> for a total of _____ %	

SECTION	EDUCATIONAL INSTITUTIONS IN THE UNITED STATES ONLY	
200		
201	<p>Is your educational institution approved for <i>Title IV</i> from the US Department of Education? (provide scanned copy of acceptance letter): <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Provide the US Federal <i>Title IV</i> Institution Code: _____</p> <p>Does <i>Title IV</i> apply to all campuses?: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If <b>NO</b> please list the campuses <i>Title IV</i> applies to: _____</p> <p>Is the program approved for <i>Title IV</i> funding by the US Department of Education? : <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	

SECTION	MEDICAL SCHOOLS ONLY	
300		
301	<p>What date was the medical school/college established (dd/mm/yy)?: _____</p> <p>Has the medical school been in continuous operation for the past 10 years?: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>When was the medical program first offered (dd/mm/yy)?: _____</p> <p>Is the medical school/college listed on FAIMER? (provide scanned copy of documentation): <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	

SECTION	DISTANCE EDUCATION or ONLINE or E LEARNING	
400		

COMPLETE THE FOLLOWING SECTIONS ONLY IF THE CURRENT PROGRAM DESIGNATION REQUEST IS BEING OFFERED THROUGH DISTANCE EDUCATION or ONLINE or E-LEARNING

MANITOBA, CANADA AND INTERNATIONAL		
401	<b>Universities and colleges that lead to a degree:</b> the program includes at least 12 hours per week of study activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
402	<b>Career, vocational and technical institutions:</b> the program includes at least 20 hours per week of study activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
403	<b>Institution and program staff can actively monitor student participation and maintain contact with the student to ensure the above mentioned hourly study activity is maintained.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
404	<b>Institution and program staff can demonstrate they are monitoring student academic activities to Manitoba Student Aid upon request.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
405	<b>Institution can provide definitive program start and end dates.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
406	<b>Does the distance education division operate under separate administration from the financial aid officer in the main university/college?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

MANITOBA AND CANADA		
407	Which Canadian quality assurance body has approved the educational institution and program (provide scanned copy of approval)?	
408	Program has an equivalent on-site offering for this program of study.	<input type="checkbox"/> Yes <input type="checkbox"/> No
409	Program has academic credits or credit hours earned through the program of study that are transferable to a designated post-secondary educational institution located within the same province or territory.	<input type="checkbox"/> Yes <input type="checkbox"/> No
INTERNATIONAL		
410	Has a Canadian quality assurance body approved your institution and program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
411	If YES, name the quality assurance body.	
412	Are the institution and program approved for <i>Title IV</i> funding by the US Department of Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
413	Is the educational institution and program in receipt of an acceptable rating in a full institutional audit conducted by the United Kingdom Quality Assurance Agency for Higher Education within the last 5 years? Provide a scanned copy of report.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION	DECLARATION AND AUTHORIZED SIGNATURE (Registrar/Senior Administration Officer)		
500			
501	Registrar/Financial Officer Contact Information	Name:	Telephone:
		Title:	Fax:
		Email:	Date:
		Authorized Signature:	
OFFICE USE ONLY			
Designation Office Signature:  Date Approved:		Designation Clerk initials:  Date Filed:	