

1 College Details:

College Name: _____

Program Name: _____

Name of College Official: _____

Effective Date: _____

(dd/mm/yyyy)**2 Details for proposed intake dates:**

Term	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)
1		
2		
3		
4		

3 Sign the certification and consent:I **certify** that the information given on this form is complete and accurate.

Name (please print): _____

Signature: _____ Date: _____

(dd/mm/yyyy)**4 Return the form:**By Email: pccforms@novascotia.ca

By Fax: (902) 424-6656

By Mail: Department of Labour and Advanced Education
Private Career Colleges Division
PO Box 697
Halifax, Nova Scotia
B3J 2T8**Questions?** Call 902-424-5636