

**1 College Details:**

College Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ Version: \_\_\_\_\_

Name of College Official: \_\_\_\_\_

Effective Date: \_\_\_\_\_  
(dd/mm/yyyy)

**2 Details for proposed changes:**

The proposed changes are just for module names and no change in the instructional methods for modules.

CURRENT		PROPOSED CHANGES	
Module Code(s) <i>(if used)</i>	Module Name(s)	Module Code(s) <i>(if used)</i>	Module Name(s)

**3 Sign the certification and consent:**

I **certify** that the information given on this form is complete and accurate.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4 Return the form:**

By Email: [pccforms@novascotia.ca](mailto: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