



Training & Economic Development Department

Council of the Conne River Micmacs

Government of the Conne River Micmacs

P.O. Box 10, Conne River, NL A0H 1J0

Phone: (709) 882-2470 Fax: (709)882-2401

REQUEST TO SWITCH PROGRAMS/TRANSFER INSTITUTIONS

Full Name: _____

Current Institution Status

Name of Training Institution: _____

Campus Address: _____, Course Name: _____

Program Length: _____, How many years completed? _____, Graduation Date: _____

Full-time/Part-time/Online: _____, Required work term/clinical/practicum? _____

Level of Education once complete (Certificate/Diploma/Degree/Masters): _____

Transfer Request

Name of Training Institution: _____

Campus Address: _____, Course Name: _____

Program Length: _____, Start Date: _____, Graduation Date: _____

Full-time/Part-time/Online: _____, Required work term/clinical/practicum? _____

Level of Education once complete (Certificate/Diploma/Degree/Masters): _____

Please indicate reason to switch programs or transfer institutions.

What is your future Career Goals? _____

Is this your first request to switch? Yes _____, No _____

If "no", please provide details

Course Name: _____, Date: _____

Reason for past request?

Signature: _____ Date: _____

ISETS Agreement Holder Signature: _____ Date: _____

Email completed request to sjedmore@mfn.gov.ca & kstride@mfn.gov.ca Or Fax 709-882-2401

The request is not guaranteed. If a switch was made without contacting TEDD for approval, all funds may cease until further review.

Updated: March 2022