



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 WITHIN SAME INSTITUTION

Name: (Given names including & surname): _____ **Status ID # 047-** _____

Name of Training Institution & Address: _____

Current Program Enrollment

Program Name: _____ **Program Length:** _____

Total yrs/mths completed _____ **Full-time/Part-time/Online:** _____ **Graduation Date:** _____

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

Switch Program Request

Program Name: _____ **Program Length:** _____

Start Date: _____ **Full-time/Part-time/Online:** _____

Do you have transferable Courses, if so, how many? _____

Does this request add additional years to Graduate _____ **New Graduation Date:** _____

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

Please provide the reasons for your switch request.

What are your future Career Goals? _____

Did you research the Labour Market for this new Program, please indicate what you found?

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

If "no", please provide details:

Institution and Program: _____ **Date Switched:** _____

Reason for past request?

Signature: _____

Date: _____

Email completed request 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: December 7, 2023