



PARALEGAL EDUCATION PROGRAM ACCREDITATION Form 1A—General Information Form

A. General Information

Institution Name:

Main Address:

City:

Province:

Postal Code:

Telephone:

Institution Website Address:

Program Name:

Program Address:

City:

Province:

Postal Code:

Telephone:

Program Website Address:

Projected Start Date of Program:

Projected Number of Students (minimum of 15 required):

Proposed Session(s) (morning, evening, etc.):

Duration of Program (weeks, semesters, etc.):

Program delivery format: Semi Modular Semester

Student Intake Dates: *List the times of the year in which students will enter the Program; maximum of two per calendar year per Session)*

B. Contact Information

President or Head of Institution:

Name:

Title:

Telephone:

Ext.:

Email:

Senior Program Administrator (if applicable):

Name:

Title:

Telephone:

Ext.:

Email:

Program Coordinator:

Name:

Title:

Law Society Number:

Telephone:

Ext.:

Email:

Law Society correspondence shall be directed to the Program Coordinator. Please indicate if the Senior Program Administrator should be copied on these:

Yes No

Submitted:

Position/Title:

Signature: _____ Date submitted: _____