



PARALEGAL EDUCATION PROGRAM ACCREDITATION Form 4B—Faculty Member Course Chart

Submit this form to: paralegaleducation@lso.ca

Date: (MM/DD/YY):

Campus(es):

Institution Name:

Program Name:

Program Credential:

Program Address:

City:

Province:

Postal Code:

Telephone:

Email:

1. When completing this form, please follow the course numbering set out in Form 2B.
2. If more than one Session of the Program is being offered, separate Faculty Members for each Session using a slash (/).

No.	Course Name	Primary Faculty Member Name	No. of Instructional Hours
1			
2			

No.	Course Name	Primary Faculty Member Name	No. of Instructional Hours
3			
4			
5			
6			
7			
8			

No.	Course Name	Primary Faculty Member Name	No. of Instructional Hours
9			
10			
11			
12			
13			
14			

No.	Course Name	Primary Faculty Member Name	No. of Instructional Hours
15			
16			
17			
18			
19			
20			

No.	Course Name	Primary Faculty Member Name	No. of Instructional Hours
21			
22			
23			
24			
25			
26			

No.	Course Name	Primary Faculty Member Name	No. of Instructional Hours
27			
28			
29			
30			
31			
32			

No.	Course Name	Primary Faculty Member Name	No. of Instructional Hours
33			
34			
35			
36			
37			
38			

No.	Course Name	Primary Faculty Member Name	No. of Instructional Hours
39			
40			
41			
42			
43			
44			

No.	Course Name	Primary Faculty Member Name	No. of Instructional Hours
45			
46			
47			
48			
49			
50			