



## PARALEGAL EDUCATION PROGRAM ACCREDITATION Form 6—Major Change Form

Submit this form to [paralegaleducation@lso.ca](mailto:paralegaleducation@lso.ca)

**Date:** (MM/DD/YY):

Institution Name:

Program Name:

Campus(es):

Program Address:

City:

Province:

Postal Code:

Telephone:

Email:

*A "Major Change" is any change to an Accredited Program's course structure, location, content, hours, organization, assessment methods or delivery, Key Personnel or field placement process.*

Please choose any sections that are applicable to your Institution. If more space is required, use the **Other Info** section. Please note that this form must be submitted contemporaneously with or prior to the change.

**Submission date of Form 6 (MM/DD/YY):**

Proposed effective date of change (MM/DD/YY):

### Paralegal Program

Institution name change:

Program name change:

Program length: Other:

Delivery format:

Other:

### Program Administration

Program Coordinator:

*\* Please provide an updated Form 4A and 4B, including up-to-date résumés for all faculty.*

Other (please specify)

**Course Information**

Course name change:

Course hours:

Course Outline \* *If adding a new course, please include new course outline. If revising a course, please provide original and revised course outlines*

**Competencies (Please refer to Form 3 of the Accreditation Documents)**

Competency Area(s):

Competency Number(s):

Course Name:

Explanation of change(s):

**Other Info: (e.g. changes to field placement structure, etc.)**

**Reason for Change**

**Ministry of Training, Colleges and Universities**

Is MTCU approval required in respect of this Major Change?

yes

no

If yes, explain what steps have already been taken to obtain MTCU approval: