



PARALEGAL EDUCATION PROGRAM ACCREDITATION Form 6—Major Change Form

Submit this form to paralegaleducation@lso.ca

Date: (MM/DD/YY):

Institution Name:

Program Name:

Campus(es):

Main 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 (including the Program Coordinator but excluding non-key Faculty Members), 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.

Effective or proposed date of change (MM/DD/YY):

Paralegal Program

Institution name change:

Program name change:

Program length:

Delivery format:

Other:

Program Administration

Program Coordinator:

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

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:

Competency Number:

Course Name:

Explanation of change:

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

Reason for Change

Ministry of Training, Colleges and Universities (MTCU)

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: