



## 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):

Main Address:

City:

Province:

Postal Code:

Telephone:

Email:

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*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:

### **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: