

## EDUCATIONAL PROVIDER QUESTIONNAIRE

1. Please provide the following information about your institution:

INSTITUTION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT TITLE: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

2. Incorporation history (include information concerning date of incorporation as well as the method i.e., Societies Act, private act, etc.)

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3. BRIEF HISTORY of the institution. Please provide this separately on an ATTACHED SHEET.

4. Address(es) of all sites where instructional programs and/or courses are delivered by the educational provider. Are there instructional sites outside of your province/state? Are there instructional sites outside of Canada? How many? Briefly describe the main campus facilities and the instructional sites outside the main campus.

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5. Do you have an academic calendar and/or brochure? If so, please provide the most recent publication listing your institutions program and course offerings.

Yes \_\_\_\_\_ No \_\_\_\_\_ Copy Enclosed \_\_\_\_\_

6. Description of learning resources available to students. Please include comment on the following: Do you have a library? If so, describe the library. Have you arranged for your students to have access to other libraries? Do you students have access to electronic learning resources such as CD ROMs and the Internet?

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7. Information on instructional staff for each program is required. Attached is chart to be completed for each program and/or course that is offered by your institution. (Please reproduce as required.)

8. List the specific programs and/or course(s) for which your institution seeks transferability. Please specify the program for each course listed. If these courses or programs are similar to, or are modeled after courses or programs from another institution, please name that institution.

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9. Describe any current or pending transfer agreements with other institutions involving courses or programs for which your institution has transferability or has made application to secure transferability.

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10. Information on recent enrolments in your institution's courses and programs. Attached is a chart to be completed for each course/program. (Please reproduce as required.)

11. Attach a copy or refer to the section in the calendar of your institution's admission AND transfer policies by which it awards advance credit (standing) to students for previous post-secondary study. How many students admitted to your institution within the last year had previously attended another post-secondary institution?

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12. Provide a "sample" transcript (or academic record) with the student name deleted. If your institution has other campuses/branches and the transcripts are different, please provide a "sample" of these as well.

13. Current institutional, program and/or course accreditation status, if any.

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14. Indication of your institution's financial stability, such as financial statements or proof of bonding.

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**Other information or supporting materials may be attached to the questionnaire at the discretion of the institution.**

**Question 7 – Instructional Staff By Program**  
Reproduce As Required

**PROGRAM NAME:** \_\_\_\_\_

Instructor credential level required:

Diploma \_\_\_\_\_  
Bachelor's \_\_\_\_\_  
Master's \_\_\_\_\_  
Doctorate \_\_\_\_\_

# Total Instructional Staff: \_\_\_\_\_

# Temporary Staff: \_\_\_\_\_

# Continuing Staff: \_\_\_\_\_

Credentials of Temporary Staff:

Diploma \_\_\_\_\_  
Bachelor's \_\_\_\_\_  
Master's \_\_\_\_\_  
Doctorate \_\_\_\_\_

Credentials of Continuing Staff:

Diploma \_\_\_\_\_  
Bachelor's \_\_\_\_\_  
Master's \_\_\_\_\_  
Doctorate \_\_\_\_\_



Enter any additional/pertinent information you would like in the field below: