

In-Province

EXCHANGE EXTENSION REQUEST FORM

Teacher

for _____
School Year

Exchange Program

Name of Applicant _____ Professional # _____

Address _____

Email _____

Board (please indicate home Board) _____

Teaching Assignment (home Board) _____

School (home Board) _____

Principal (home Board) _____

is requesting an extension of the exchange with

Name of Applicant _____ Professional # _____

Address _____

Email _____

Board (please indicate home Board) _____

Teaching Assignment (home Board) _____

School (home Board) _____

Principal (home Board) _____

**Please return completed form to:
Nova Scotia Teachers Union
3106 Joseph Howe Drive, B3L 4L7
Fax: 902-477-3517**