

Additional Qualification Courses Recommendation Waiver Form for Non-OCT Applicants

FULL NAME:	
PRIMARY CONTACT NUMBER:	SECONDARY CONTACT NUMBER:
E-MAIL ADDRESS:	

AQ COURSE INFORMATION	
AQ COURSE TITLE:	
SESSION / TERM:	YEAR:

I hereby certify that:

- 1) I have completed and submitted my application for membership with the Ontario College of Teachers (OCT), including required supporting documents and the required fee, as specified in the OCT Registration Guide.
- 2) A copy of the Dean's recommendation will be sent to the Faculty of Continuing Education and Training at Seneca College.

I understand that Seneca College will not report my completion of an Additional Qualification (AQ) course to the Ontario College of Teachers if I am not an OCT member in good standing by the completion date of the course.

Signature: _____ **Date:** _____

Personal information on this form is collected in accordance with sections 21, 39, and 49 of the Freedom of Information and Protection of Privacy Act and under the legal authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, and the Ontario Colleges of Applied Arts and Technology Act, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. This information will also be used for registration purposes at Seneca College and the Ontario College of Teachers. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 491-5050 ext. 77846, or via email at privacyoffice@senecacollege.ca.

Please email your completed form to Frances.Monaco@senecacollege.ca, prior to the registration deadline. An original is not required.
