

REGISTRATION FORM



Office of Continuing Teacher Education
 Faculty of Education, Queen's University
 511 Union Street West
 Kingston, Ontario K7M 5R7
 Tel: 613 533-2387 Fax: 613 533-6702
 www.coursesforteachers.ca

This form may be faxed; original not required.

Queen's Student Number (If known)

Please print legibly in dark ink

Title Legal Surname	Legal Given Names (in Full)
Street Address (include rural route or box number)	
City	Province
Postal Code	
Phone (home)	Phone (business)
E-mail Address (compulsory for on-line courses)	
Prior Surnames (if applicable)	

OCT Registration Number

New B.Ed./Dip.Ed. Graduate of Queen's
 New Graduate of _____

Please select your divisions:
 Primary-Junior Junior-Intermediate Intermediate-Senior

Female Male

Date of Birth (YY/MM/DD) _____

Social Insurance Number (Required by The Ontario College of Teachers) _____

Country of Citizenship _____

If not Canada, please indicate:

Immigration Status <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa	First Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other
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Date of Entry into Canada (yy/mm) _____

COURSE SELECTIONS

COURSE CODE	SECTION/LOCATION	COURSE TITLE	FALL	WINTER	SPRING	SUMMER
<i>Example</i> CONT 564	Online	ABQ Junior				

FEES: AQ, ABQ, AND PQP COURSES ARE \$885

PAYMENT INFORMATION

PLEASE SELECT PAYMENT METHOD <input type="checkbox"/> Cheque (payable to Queen's University) <input type="checkbox"/> Money Order Amount \$ <input style="width: 100px;" type="text"/> <input type="checkbox"/> Telephone/Internet Banking* Confirmation Number: _____ <input type="checkbox"/> Sponsored (original letter from sponsor must be attached) <input type="checkbox"/> Credit Card** (complete information in next column)	CREDIT CARD INFORMATION <input type="checkbox"/> Visa <input type="checkbox"/> Master Card Amount \$ <input style="width: 100px;" type="text"/> Card No. _____ Expiry Date (mm/yy) _____ Name of Cardholder (please print) _____ Authorized Signature _____
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* Option available only to those who currently have a Queen's student number. Faxed registrations are acceptable only when payment is by Visa or MasterCard.
 **Expiry Date is required for all credit card transactions. All prices are in Canadian Dollars.

I hereby certify that all statements are correct and complete including my declaration of citizenship and/or status in Canada. I agree to provide documents in support of my claim and that I will be subject to the appropriate sanctions of the Senate of Queen's University arising from any untrue statement made in this declaration.

Candidate Signature _____ Date _____

CHECKLIST OF REQUIRED DOCUMENTATION

- Completed "Confirmation of Teaching Experience" form for all applicants to Part 2, 3, Honour Specialist, and PQP Part 1 courses (faxed or mailed).
- Official transcripts for ABQ Intermediate and Senior, FSL (Part 1) and Honour Specialist courses (originals only; mailed).

The personal information collected on this form is done under the legal authority of the Royal Charter of 1841, as amended, and the Ontario College of Teachers Act. This information will be used for registration purposes by the Office of Continuing Teacher Education at Queen's University and the Ontario College of Teachers. Questions or concerns about the information collected or how it will be used can be directed to the Dean of Education, Dr. Rosa Bruno-Jofré, at (613) 533-6210.