

PREASSESSMENT REQUEST

**NAME:**

**QUEEN'S STUDENT NUMBER (IF APPLICABLE):**

**OCT NUMBER:**

**E-MAIL ADDRESS:**

**CURRENT QUALIFICATIONS (P/J OR I/S):**

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**PLEASE LIST ALL INTERMEDIATE, SENIOR OR HONOUR SPECIALIST COURSES YOU ARE INTERESTED IN:**

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If applicable, I authorize the release of my university transcripts contained in my file at the Queen's University Faculty of Education Registrar's Office to the Office of Continuing Teacher Education for the purpose of assessing my eligibility for the courses I have listed above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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 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 at (613) 533-3029.

**PLEASE SUBMIT THIS FORM, ALONG WITH YOUR UNDERGRADUATE TRANSCRIPT BY FAX TO (613) 533-6702 OR EMAIL TO [CEDMAIL@QUEENSU.CA](mailto:CEDMAIL@QUEENSU.CA).**

**PLEASE ALLOW UP TO 5 BUSINESS DAYS FOR THE COMPLETION OF YOUR ASSESSMENT.**