

## RECOMMENDATION WAIVER AGREEMENT FOR NON-MEMBERS OF THE ONTARIO COLLEGE OF TEACHERS

NAME:

QUEEN'S STUDENT NUMBER:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

## COURSE DETAILS

COURSE TITLE:

TERM:

YEAR:

I agree to the following conditions:

- a) Registration and completion of the above course at the Faculty of Education, Queen's University during the term and year noted above will not be reported to the Ontario College of Teachers now, or at any time in the future.
- b) Should I wish to receive recognition from the Ontario College of Teachers for the above course, I will be required to register in and complete the above course again in accordance with the policies and fees in effect at that time.

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, Steve Elliot at (613) 533-6210.

PLEASE FAX THIS FORM TO (613) 533-6702 OR SEND IT TO THE ADDRESS BELOW BEFORE THE APPLICATION DEADLINE.

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