

**RECOMMENDATION WAIVER AGREEMENT FOR APPLICANTS CURRENTLY COMPLETING A PREREQUISITE COURSE**
**NAME:****QUEEN'S STUDENT NUMBER:****TELEPHONE NUMBER:****E-MAIL ADDRESS:**
**COURSE DETAILS**
**COURSE APPLIED FOR:****TERM:****YEAR:****PLEASE INDICATE THE PREREQUISITE COURSE YOU ARE CURRENTLY COMPLETING:****AT WHICH INSTITUTION?:**

By signing below, I agree to the following:

- a) The prerequisite course currently being taken at another university will be complete before the start date of the AQ course for which I am applying at Queen's. Proof of enrolment is attached. (A letter or unofficial transcript is acceptable).
- b) Successful completion of the Queen's AQ/ABQ course noted above cannot be reported to the Ontario College of Teachers until a copy of my Certificate of Qualifications (or a printout from the OCT Public Register) is provided to the Office of Continuing Teacher Education at Queen's confirming successful completion of the prerequisite course.

The granting of professional credit on the public register for an additional qualification or additional basic qualification course is at the discretion of the Ontario College of Teachers.

**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.

Office of Continuing Teacher Education | 511 Union St. W., Mezzanine B245 | Duncan McArthur Hall  
 Faculty of Education | Queen's University | Kingston, Ontario | K7M 5R7  
 Tel: (613) 533-2387 | Fax: (613) 533-6702 | E-Mail: cedmail@queensu.ca | www.coursesforteachers.ca