



# Pre-Assessment Request

- ⚠ Please allow up to 6 weeks for processing.
- ⚠ Please provide a copy of your undergraduate transcript when submitting this form.

Full Name	Email Address
Brock Student # (optional)	OCT #
Current Qualifications (P/J OR I/S)	
List all Intermediate, Senior or Honour Specialist courses in which you are interested	
<input type="checkbox"/> If applicable, I authorize the release of my university transcripts contained in my file at Brock University Registrar's Office to Professional and Continuing Studies for the purpose of assessing my eligibility for the courses I have listed above.	
Signature	Date

**EMAIL THIS FORM AND UNDERGRADUATE TRANSCRIPT TO CE@BROCKU.CA**