

## **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	
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

Brock University protects your privacy and your Personal Information. The Personal Information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act ("FIPPA"). The information will be used FOR REGISTRATION PURPOSES AT BROCK UNIVERSITY. THIS INFORMATION MAY ALSO BE USED TO ASSESS PARTICIPANT NEEDS FOR FUTURE PROGRAMING, AND TO PROVIDE YOU WITH INFORMATION REGARDING RELATED PROGRAMS. Direct any questions about this collection to the Professional and Continuing Studies, Brock University at ce@brocku.ca