

**Recommendation Waiver Agreement** (For Non-Members of the Ontario College of Teachers)

PERSONAL INFORMATION	
Full Name	Email Address
Brock Student # (optional)	
COURSE DETAILS	
Course Title	
Session	Year
By signing and submitting this form, you agree to the following: <ul style="list-style-type: none"><li>• Registration and completion of the above course at Brock University, during the term and year noted above, will not be reported to the Ontario College of Teachers, The College of Early Childhood Educators or any other governing body in any other province or country now, or at anytime in the future; and</li><li>• Should I wish to receive recognition from the Ontario College of Teachers for the above noted 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.</li></ul>	
Signature	Date

**EMAIL THIS FORM TO [CE@BROCKU.CA](mailto:CE@BROCKU.CA)**

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended, the Ontario Ministry of Training, Colleges and Universities Act, and the Federal Statistics Act. The information collected will form part of your student record at Brock. It will be shared with the faculty, school or department and reported to Statistics Canada and the Ministry of Training, Colleges and Universities. In addition to these external reporting requirements, the information will be used for updating your academic record and for communicating with you. If you have any questions, please contact Brock Professional and Continuing Studies