

Recommendation Waiver Agreement

(For applicants currently completing a prerequisite course at another university)

PERSONAL INFORMATION	
Full Name	Email Address
Brock Student # (optional)	
COURSE DETAILS	
Course Applied For	
Session Applied For	Year Applied For
Prerequisite Course Currently Being Completed	Institution With Which Prerequisite Course is Being Taken
<p>By signing and submitting this form, you agree to the following:</p> <ul style="list-style-type: none">• 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 Brock. Proof of enrolment is attached. (A letter or unofficial transcript is acceptable).• Successful completion of the Brock 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 Professional and Continuing Studies Department confirming successful completion of the prerequisite course. <p>The granting of professional credit on the public register for an additional qualification (AQ) or additional basic qualification (ABQ) course is at the discretion of the Ontario College of Teachers.</p>	
Signature	Date

EMAIL THIS FORM TO CE@BROCKU.CA