

## Recommendation Waiver Agreement

(For new BEd/DipEd graduates)

PERSONAL INFORMATION				
Full Name	Email Address			
Brock Student # (optional)	OCT Number			
PROGRAM DETAILS				
Expected BEd/DipEd Completion Date	Graduating University			
<table border="1"> <tr> <td>Day (DD)=</td> <td>Month (MM)</td> <td>Year (YYYY)</td> </tr> </table>	Day (DD)=	Month (MM)	Year (YYYY)	
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<p>Select Your Teaching Divisions</p> <p><input type="checkbox"/> Primary Junior</p> <p><input type="checkbox"/> Junior-Intermediate — Subject Area _____</p> <p><input type="checkbox"/> Intermediate-Senior — Subject Area(s) _____</p> <p><input type="checkbox"/> Technological Education — Subject Area _____</p>				
<p>By signing and submitting this form, you agree to the following:</p> <p>My application for membership with the Ontario College of Teachers (OCT) including all supporting documents and required fees as outlined in the current OCT Registration Guide has been completed and submitted. This includes all required transcripts and a recommendation from the dean of my education faculty.</p>				
Signature	Date			

**EMAIL THIS FORM AND A SCREENSHOT OF YOUR OCT APPLICATION, SHOWING FULL NAME AND OCT APPLICATION NUMBER TO 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