



Certification of Teaching Experiences (Supervisory Officer's form)

Office of the Registrar Education - Admissions
1812 Sir Isaac Brock Way, St. Catharines, ON L2S 3A1
brocku.ca | T 905 688 5550 x4068 | F 905 988 5488

Brock ID #: _____ Applicant's Name: _____ OCT #: _____

School Where Employed: _____

Course: EDUC _ _ _ _ Session (check one): SPRING SUMMER FALL/WINTER

This section must be completed for a Part III or Honour Specialist Qualification course only:

Subject of Specialization (i.e.: English, guidance, math, etc.) _____

NOTES

1. For this purpose a Supervisory Officer is defined as follows:

- (a) For a teacher employed by a School Board, the Supervisory Officer is a Superintendent or Assistant Superintendent of the Board. A Principal's signature does not satisfy this requirement.
- (b) For a teacher employed by a private school, the Supervisory Officer is the Ministry of Education and Training official appointed to provide supervisory services for the school.

2. Applications for admission to Part 2, Part 3 and Honour Specialist courses may be delayed until this form, duly signed by a Supervisory Officer, is received. **INCOMPLETE CERTIFICATION OF TEACHING EXPERIENCE FORMS WILL NOT BE PROCESSED.**

3. May be sent via regular mail to the address noted above, or faxed to: 905-988-5488 Attn: Education, Admissions

This section must be completed by the Supervisory Officer/Supervisory Official:

PART TWO COURSES Supervisory Officer's Certification
I certify that the applicant named above has completed at least one year (194 days) of successful teaching experience.
Name (print) of Supervisory Officer: _____
Title of Supervisory Officer: _____
Signature of Supervisory Officer: _____
Phone Number: _____
School Board: _____
Date: _____

PART THREE & HONOUR SPECIALIST COURSES Supervisory Officer's Certification
I certify that the applicant named above has completed at least two years (388 days) of successful teaching, including one year in the subject of specialization listed above.
Name (print) of Supervisory Officer: _____
Title of Supervisory Officer: _____
Signature of Supervisory Officer: _____
Phone Number: _____
School Board: _____
Date: _____