



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

- For this purpose a Supervisory Officer is defined as follows:
 - 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.
 - 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.
 - 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.**
 - May be sent via regular mail to the address noted above, or faxed to: 905-988-5488 Attn: Education, Admissions
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This section must be completed by the Supervisory Officer/Supervisory Official:

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

PART THREE & HONOUR SPECIALIST COURSES Supervisory Officer's Certification
<p>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.</p> <p>Name (print) of Supervisory Officer: _____</p> <p>Title of Supervisory Officer: _____</p> <p>Signature of Supervisory Officer: _____</p> <p>Phone Number: _____</p> <p>School Board: _____</p> <p>Date: _____</p>