

# Certification of Teaching Experiences (Supervisory Officer's form)

Office of the Registrar

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:  
(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.
- 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, emailed to records@brocku.ca or faxed to 905-988-5488  
Attn: Records

**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: \_\_\_\_\_

#### Protection of Privacy

Brock University gathers and maintains information used for the purpose of admission, registration and other fundamental activities related to being a member of the University community and to attending a public post-secondary institution in the Province of Ontario. In signing an application for admission, you should know that the information you provide and any other information placed into your student record, will be protected and used in compliance with Ontario's Freedom of Information and Protection of Privacy Act (R.S.O. 1990, c F31). The information on this form is collected under the authority of The Brock University Act, 1964 and is needed to verify qualifications and decide your eligibility for admission. Upon admission and registration this information will form part of your student record and will be used to document your progress in an academic program. If you have any questions about the collection, use and disclosure of your personal information by the University, please contact the Director of Admissions, Brock University, St. Catharines, Ontario, L2S 3A1, (905) 688-5550.