

WAIVER AGREEMENT FOR NON-MEMBERS OF THE ONTARIO COLLEGE OF TEACHERS

Applicant: _____ Western Student Number: _____

AQ course: _____ Term / Year: _____

As a non-member of the Ontario College of Teachers, I acknowledge acceptance of the following conditions:

- i. The above course will *not* be reported to the Ontario College of Teachers upon successful course completion, or at any time in the future.
- ii. The course and final grade will be included on a University of Western Ontario transcript, with a note indicating “Not Recommended for Certification”.
- iii. Should I wish to receive certification from the Ontario College of Teachers for the above course, I must register in and complete the above course again, in accordance with the policies in effect for the AQ provider at that time.
- iv. I have met all other academic and/or teaching admission requirements for this course, and submitted supporting documentation accordingly.

SIGNATURE

DATE

Please sign and date this waiver acknowledging your acceptance of these conditions and return to the ASPirE Department Office by email.

This signed waiver must be submitted **by the AQ registration deadline.**