



**CONDITIONAL ADMISSION to
Additional Qualification Course**

This form is used only by teachers who have recently completed the prerequisite course through another provider and qualification does not yet appear on their Certificate of Qualification through the Ontario College of Teachers (OCT).

This form must be faxed or mailed to the Office of the Registrar before the start date of course.

NAME:	NIPISSING STUDENT NUMBER:	OCT #: (REQUIRED)
ADDRESS:		
HOME PHONE:	EMAIL:	

COURSE DETAILS

NAME OF COURSE APPLIED FOR:	SESSION: (Check one) <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> SPRING/SUMMER <input type="checkbox"/> FALL/WINTER <input type="checkbox"/> WINTER/SPRING		
PREREQUISITE COURSE YOU RECENTLY COMPLETED:	DATE OF COMPLETION:	PROVIDER:	

Please read carefully

By signing below, I certify that I fully understand and agree with these conditions:

- a) The prerequisite course recently completed through another provider will be completed before the beginning of the course applied for at Nipissing University as indicated above.
- b) A report to the Ontario College of Teachers cannot be forwarded until I provide a copy of my Certificate of Qualification to the Office of the Registrar confirming completion of the prerequisite course.

All reports are subject to the approval of the Ontario College of Teachers.

SIGNATURE: X	DATE: (MM/DD/YY)
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PRIVACY: Personal information in connection with this form is collected under the authority of the Nipissing University Act, 1992 for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions regarding the collection, use and disclosure of this information by the University, please contact the Registrar's Office, Nipissing University, Box 5002, North Bay ON P1B 8L7, (705) 474-3461, ext. 4521.