



University
of Windsor

RECOMMENDATION WAIVER AGREEMENT *For Non-Members of the Ontario College of Teachers*

STUDENT INFORMATION

Name:

Telephone Number:

Email Address:

COURSE INFORMATION

Course Name:

Session/Year:

I agree to the following conditions:

- a) Registration and completion of the above course at the University of Windsor during the session and year noted above will not be reported to the Ontario College of Teachers now, nor at any time in the future.
- b) Should I wish to receive recognition from the Ontario College of Teachers for the above course, I will be required to register in and complete the above course again in accordance with the policies and fees in effect at that time.

Signature: _____ Date: _____

Questions or concerns about the information collected on this form, or how it will be used, should be directed to the Continuing Education Program Coordinator at 519-253-3000 ext. 6725.

PLEASE RETURN THIS FORM BEFORE THE APPLICATION DEADLINE TO:

**Faculty of Education
University of Windsor**
Attention: Continuing Education, Additional Qualifications
aq@uwindsor.ca