



ADDITIONAL QUALIFICATION PROGRAM

Application Form

The Office of Research and Field Development, Faculty of Education
 023 Winters College, 4700 Keele Street, Toronto, ON M3J 1P3
 Tel: (416) 736-5003/ Fax: (416) 736-5023
 Email: raiseyouraq@edu.yorku.ca
 Website: www.raiseyouraq.ca

This form may be faxed; original not required

PERSONAL INFORMATION (please print)

ONTARIO COLLEGE OF TEACHERS REGISTRATION NUMBER (from your Certificate of Qualification) Mr. Miss
 Mrs. Ms.

DATE OF BIRTH (OCT requirement): (MM/DD/YYYY) / /

SURNAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

STREET ADDRESS: _____ APT/UNIT: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ HOME TEL: _____ WORK TEL: _____

EMAIL: _____ May we use this email address to correspond with you about upcoming programs and courses? Yes No

SCHOOL BOARD: _____ TEACHER PANEL: Elementary Secondary

PROGRAM INFORMATION (please print clearly)

PROGRAM CODE: (please double check the program code) _____

NAME OF POST SECONDARY INSTITUTIONS SENDING OFFICIAL TRANSCRIPTS (if applicable):
 1. _____
 2. _____

SURNAME APPEARING ON YOUR TRANSCRIPT: _____ If you are a York University graduate, please indicate your York Student ID #: _____

CHECKLIST OF REQUIRED DOCUMENTATION (if applicable)

- Completed "Supervisory Officer's Form" for all applications to part 2, 3, Honour Specialist courses (faxed *or* mailed)
 - Official transcripts of all university undergraduate academic studies for Intermediate and Senior ABQ and Honour Specialist courses
- Note: Faxed copies or scanned copies of transcripts are not official transcripts. Official transcripts must be in an institutionally sealed envelope.

PAYMENT INFORMATION

METHOD OF PAYMENT
 Payment in full by:
 Visa MasterCard Money order (payable to "York University") Certified cheque (payable to "York University") Debit card (in person only)

CREDIT CARD INFORMATION
 CARDHOLDER'S NAME (print clearly): _____ CARDHOLDER'S SIGNATURE: _____
 CREDIT CARD NUMBER (please check carefully):
 CREDIT CARD EXPIRY DATE:(MM/YY) / PAYMENT AMOUNT: \$ _____

YOUR SIGNATURE CERTIFIES THE FOLLOWING: I have read and agree to abide by the policies published on the RFD website: <http://www.raiseyouraq.ca>. All the information provided in this application is true and correct. I am a member in good standing with the Ontario College of Teachers. I understand that payment will automatically be adjusted, if necessary, in accordance with Research and Field Development policy.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

TOTAL PAYMENT: _____ DATE ENROLLED: _____

NOTICE OF COLLECTION: Personal information is collected under the authority of Freedom of Information and Protection of Privacy Act (FIPPA) and The York University Act, 1965 for educational, administrative and statistical purposes and will form part of the candidate record at the Faculty of Education. If you have questions about the collection, use and disclosure of personal information by the Faculty of Education, please contact the Information and Privacy Coordinator, York University, Ross N926, 4700 Keele Street, Toronto, ON M3J 1P3, telephone 416-736-2100 Ext. 20359.