

# ADDITIONAL QUALIFICATION PROGRAM

## Application Form

The Office of Professional Learning, Faculty of Education  
 3150 Victor Phillip Dahdaleh Bldg., 4700 Keele Street, Toronto, ON M3J 1P3  
 Tel: (416) 736-5003/ Fax: (416) 736-5023  
 Email: [raiseyouraq@edu.yorku.ca](mailto:raiseyouraq@edu.yorku.ca)  
 Website: [www.raiseyouraq.ca](http://www.raiseyouraq.ca)

*Submit by fax or mail;  
 original not required.  
 Do not email.*

### PERSONAL INFORMATION (please print)

ONTARIO COLLEGE OF TEACHERS REGISTRATION NUMBER (from your Certificate of Qualification)

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)

COURSE TITLE: \_\_\_\_\_

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)

I will submit:

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.

OR I will complete the test below:

Intermediate Basic (Mathematics) - Proficiency Test  French as a Second Language, Part 1 - Proficiency Test

### PAYMENT INFORMATION

**METHOD OF PAYMENT**  
 Payment in full by:

Visa  Master Card  Money order (payable to York University)  Certified cheque (payable to York University)

**CREDIT CARD INFORMATION**

CARDHOLDER'S NAME (print clearly): \_\_\_\_\_ CARDHOLDER'S SIGNATURE: \_\_\_\_\_

CREDIT CARD NUMBER (please check carefully):

EXPIRY DATE: (MM/YY)   /   PAYMENT AMOUNT: \$ \_\_\_\_\_

**AQ TUITION - \$685 / FSL TEST \$50  
 ABQ TUITION - \$735  
 HONOUR SPECIALIST TUITION - \$750**

**YOUR SIGNATURE CERTIFIES THE FOLLOWING:** I have read and agree to abide by the policies published on the RPD 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 RPD policy.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

TOTAL PAYMENT: \_\_\_\_\_ DATE ENROLLED: \_\_\_\_\_