Conditional Admission to Principal’s Qualification, Part 1

SECTION A – CONFIRMATION OF PRINCIPAL’S QUALIFICATION PREREQUISITE

This will confirm that

___________________________________________
COLLEGE REGISTRATION NUMBER

___________________________________________
LAST NAME

___________________________________________
FIRST AND MIDDLE NAMES

___________________________________________
has successfully completed the following Additional Qualification

___________________________________________
ADDITIONAL QUALIFICATION

___________________________________________
PROVIDER

___________________________________________
NAME AND TITLE OF DESIGNATED PROVIDER REPRESENTATIVE

___________________________________________
DESIGNATED PROVIDER REPRESENTATIVE SIGNATURE

___________________________________________
DATE

SECTION B – CONDITIONAL ADMISSION TO PRINCIPAL’S QUALIFICATION, PART 1

This will confirm that

___________________________________________
COLLEGE REGISTRATION NUMBER

___________________________________________
LAST NAME

___________________________________________
FIRST AND MIDDLE NAMES

___________________________________________
has received conditional admission to Principal’s Qualification, Part 1 based on successful completion of the prerequisite course as indicated above. Upon submission of an updated Certificate of Qualification and Registration/acknowledgement e-mail indicating the above prerequisite, the provider will submit a report to the Ontario College of Teachers for Principal’s Qualification, Part 1.

___________________________________________
PROVIDER

___________________________________________
START DATE OF PRINCIPAL’S QUALIFICATION, PART 1

___________________________________________
NAME AND TITLE OF DESIGNATED PROVIDER REPRESENTATIVE

___________________________________________
DESIGNATED PROVIDER REPRESENTATIVE SIGNATURE

___________________________________________
DATE

SECTION C – APPLICANT’S AGREEMENT TO PROCESS

This will confirm that I understand that if I do not present official evidence of appropriate prerequisites by the end of the course, my Principal’s Qualification, Part 1 may/will not be granted / added to my record of qualifications.

___________________________________________
CANDIDATE’S SIGNATURE

___________________________________________
DATE

When form has been completed, please forward copies to:

• The provider offering Principal’s Qualification
• Copy to applicant