

Bachelor of Education New Graduates Waiver Form

App	licant:	VV6	estern Student Number:
AQ course:		Se	ssion / Year:
B.Ed Degree: Expected Completion Da		Expected Completion Date:	
		Degree Institution:	
		*All components of your B.Ed **Teacher Education candidates in Ye eligible to enroll in Addition	ar 1 of their B.Ed program are <u>NOT</u>
		Western AQ course prior to full certificompletion of this form indicates your ac	cation with the Ontario College of Teachers is cceptance of the following conditions:
i.	Submission of all documentation as outlined on my AQ Registration Portal Application.		
ii.	I acknowledge that I must hold one of the following by the end date of my AQ Course:		
		e a fully certified member in Good Standir	ng with the Ontario College of Teachers
	OR b. Ho	old a Transitional Certificate in Good Star	nding issued by the Ontario College of Teachers
iii.	I acknowledge that failure to meet all of the above conditions will result in the AQ course being considered taken for professional development only. The completed course will not be eligible for certification with the OCT and would not be listed on my teaching certificate at any time. To receive the qualification in that event, I would be required to retake and successfully complete the AQ course again after OCT certification is granted.		
SIGI	NATURE		DATE

Please sign and date this waiver and return to the ASPirE office by email to aspire@uwo.ca.

This signed waiver must be received by the AQ course start date.

ASPirE – Advanced Studies in Professional Education
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