



Supervisory Officer's Qualification Program

Application for Academic Admission

Please Type or Print in Block Letters

NAME: _____
Surname First Name Middle Name

OCT# _____ Date of Birth: _____

EMAIL ADDRESS: _____ HOME PHONE: _____

HOME ADDRESS: _____
Street

City Province Postal Code

WORK ADDRESS: _____
Street

City Province Postal Code

DISTRICT SCHOOL BOARD: _____

WORK PHONE: _____ WORK FAX: _____

Please complete all sections and forward, along with **original signatures** to:
Eastern Ontario Staff Development Network
B137, Duncan McArthur Hall, Faculty of Education, Queen's University
Kingston, ON K7M 5R7
(613) 533-6223 Fax: (613) 533-2816

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ACADEMIC ADMISSIONS

The fee for the EOSDN Supervisory Officer's Qualification Program is \$5,644.35 inclusive. All applicants must enclose one installment of \$1,128.87 with this application.

- A. Send a series of postdated cheques according to your preferred schedule, but ensure that each module is paid for in advance.
- B. Pay \$999.00 + HST (\$1,128.87) prior to the beginning of each module.

Requests for Refund: All requests for refund of fees must be in writing. Requests will be considered on a case-by-case basis. An administration fee will apply.

Release of Information

I give EOSDN permission to share the information provided on and with this application form, with course facilitators, fellow candidates, and other members of EOSDN.

Applicant's Signature

Date of Application

Please complete all sections and forward, along with **original signatures** to:

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Academic Statement of Experience

An appropriate Supervisory Officer is asked to complete this official statement. EOSDN requires that applicants return this form with original signatures with completed application forms.

1. All applicants must have five (5) years of successful teaching experience.

This is to certify that according to the records of

Name of District School Board

Applicant's Name

_____ has _____ years of successful experience as a teacher.

Name of Supervisory Officer (Please print)

Signature of Supervisory Officer

Date

Please complete all sections and forward, along with **signatures** to:
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(613) 533-6223 Fax: (613) 533-2816
Email: pennelld@queensu.ca