

QUINTE ADULT EDUCATION

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Belleville, ON
K8P 4E1

613-962-3133 Phone 613-962-0391 Fax

Email: adult.education@hpedsb.on.ca



Roger Ramsay, Coordinator

Date: _____

STUDENT NAME _____ DATE OF BIRTH _____

Student's email address _____

College or University submission deadline: _____

I am enrolled in the following courses with Quinte Adult Ed _____

COLLEGE

STANDARD PRACTICE FOR COLLEGE APPLICATIONS IS THAT ALL DOCUMENTS ARE EMAILED TO ONTARIO COLLEGES.CA

OCAS # or Ontario Colleges #: _____

UNIVERSITY

STANDARD PRACTICE FOR UNIVERSITY APPLICATIONS IS THAT THE STUDENT PROVIDE THE MAILING ADDRESS OF EACH UNIVERSITY THAT THEY HAVE APPLIED TO. ALL DOUCMENTS ARE MAILED TO EACH INDIVIDUAL UNIVERSITY. EACH TRANSCRIPT SENT IS \$10.00

OUAC #: _____

University Name, Address and Student # if applicable - use the back of the form for additional universities

Have you been requested to send a transcript: Yes _____ No _____

Have you been requested to send a Letter of Enrollment: Yes _____ No _____

Have you been requested to send a Mid Term Mark: Yes _____ No _____

NOTE: MID TERM MARK REQUESTS WILL ONLY BE SENT IF YOU HAVE A MIDTERM MARK ie; at the time you are completing this form you must have 10 marked lessons in your course.

Student Signature: _____

