



Request for Extension

I, (enter name) _____*, request the Ontario College of Teachers to grant me an extension while I complete my initial teacher education program or conditions.

I am a member of the College in good standing, and my registration number is ____*.

I am taking steps to complete my initial teacher education program or conditions, and my expected completion date is _____*. (DD/MM/YYYY)

I agree that no further extensions can be requested. If my certificate expires, I will be required to complete my initial teacher education program or conditions prior to re-applying to the College, and to meet certification requirements in place at the time of re-application.

SIGNATURE*

DATE* (DD/MM/YYYY)

*Required

Please save and upload this form through the Member Upload Portal at oct-oeeo.ca/fileupload.