

TRANSCRIPTS REQUEST FORM



Ordre
des ergothérapeutes
du Québec

2021, avenue Union, bureau 920
Montréal (Québec) H3A 2S9 CANADA
Téléphone : 514 844-5778 / Sans frais : 1 800 265-5778
Télécopieur : 514 844-0478 / www.oeq.org

SECTION 1. TO BE COMPLETED BY THE APPLICANT

Last name

First name

Date of birth (yyyy-mm-dd)

E-mail

Name of institution

City/Province/Country

Degree Name

From:

To:

Date of attendance

Student ID or roll number at sending institution of Award

Year of Award

I hereby authorize _____ (name of the institution) to send to the Ordre des ergothérapeutes du Québec (OEQ) my transcripts and confirm all information in relation to obtaining the degree.

Applicant's signature

Date (yyyy-mm-dd)

SECTION 2. MUST BE FILLED OUT BY THE AUTHORIZED INSTITUTION REPRESENTATIVE

The person named above (the applicant) requests that her/his transcripts be released to the Ordre des ergothérapeutes du Québec (OEQ). The information collected on the present form is mandatory and any omission may result in the denial of the applicant's admission at OEQ.

- 1) Please complete this section.
- 2) Place this form and the requested transcripts in an envelope bearing the name of the institution.
- 3) Sign and affix the official seal across the envelope back flap.
- 4) Sent it directly to the Ordre des ergothérapeutes du Québec at the address below.

Institution Name

Name of the authorized institution representative

Title of position or office

Téléphone

Email

I confirm that all the information entered in the section 1 is true and exact.

I declare that the information entered in the section 1 is not true and exact. Please explain:

Authorized signature and seal

Date (yyyy-mm-dd)

Yes, applicant's transcripts enclosed

Mailing address:

Ordre des ergothérapeutes du Québec
Admission
2021 Avenue Union, bureau 920, Montréal (Québec) H3A 2S9 CANADA

Contact information : **admission@oeq.org** (email) **1-514-844-5778** (phone)