

# QUINTE ADULT EDUCATION

224 Palmer Rd.,  
Belleville, ON  
K8P 4E1

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

Kate Primeau, Coordinator



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## TRANSCRIPT REQUEST FOR UNIVERSITY APPLICATIONS

OUAC # \_\_\_\_\_

Legal name – first, middle and last name  
\_\_\_\_\_

Name you registered under – please include your preferred name if applicable  
\_\_\_\_\_

Date of birth \_\_\_\_\_

Email address & phone # \_\_\_\_\_

Are currently enrolled taking courses with Quinte Adult Education?

YES                      please go to section 1                      NO                      please go to section 2

### SECTION 1

Do you need a letter of enrollment with Quinte Adult Education?    YES                      NO

What courses are you currently enrolled in? \_\_\_\_\_

Have you completed a course(s) with us in the last month?    YES                      NO

### SECTION 2

Year you last attended \_\_\_\_\_

Are you a graduate of Quinte Adult Education    YES                      NO

University email address \_\_\_\_\_ Student # \_\_\_\_\_

University email address \_\_\_\_\_ Student # \_\_\_\_\_

University email address \_\_\_\_\_ Student # \_\_\_\_\_

PLEASE SCAN OR ATTACH A PHOTO ONE OF THE FOLLOWINGS PIECES OF ID:  
Driver's licence, passport, birth certificate or an Ontario Photo Card.

**ALL TRANSCRIPTS AND LETTERS OF ENROLLMENT FOR 105 APPLICANTS ARE EMAILED TO THE UNIVERSITIES**