

QUINTE ADULT EDUCATION

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Belleville, ON
K8P 4E1

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

Kate Primeau, Coordinator



TRANSCRIPT REQUEST FOR EMPLOMENT APPLICATIONS

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