

Section 1: Personal Information

First name

438 University Avenue, Suite 1900

Toronto ON M5G 2K8 Telephone: 416 961-8558 Toll-free: 1 888 961-8558

E-mail: appeals@college-ece.ca

Website: college-ece.ca

Request for a Reconsideration by the Registrar or Request for Review by the Registration Appeals Committee

	Last name
	Application reference number:
	Section 2: Reason for requesting a reconsideration by the Registrar or a review by the Registration Appeals Committee of an applicant's file
_	

Section 3: Fees to request a reconsideration by the Registrar or a review by the Registration Appeals Committee

Please note the different fees for reconsideration and request for review by the Registration Appeals Committee below. Please check the description and the corresponding fee (in Canadian dollars) that applies to you:

I am requesting a reconsideration of my application for registration. I am submitting new documents that I did not initially include as part of my application, and would like the Registrar to re-assess my application now – **fee due is \$65**.

I am requesting a review of my application for registration by RAC. I understand that if, as part of my review, I submit new documents that I did not initially include as part of my application, RAC may adjourn the review to allow the Registrar the opportunity to re-assess my application. This may result in additional delay – **fee due is \$80**.

Check method of payment being submitted:

Cheque / money order / bank draft made out to the College of Early Childhood Educators

Cheque / money order / bank draft number

Amount C\$

Visa Visa Debit MasterCard

By checking this box and typing/printing my name I authorize the College to charge the credit card below in the amount of C\$

Cardholder's name (please print as it appears on the credit card:

Card number: Exp. date:

CVV number (Card Verification Value) – The 3 digit number located on the back of the credit card:

Section 4: Signed Confirmation

By checking this box and typing/printing my name I confirm my understanding to the terms of this Request for a Reconsideration by the Registrar or Request for Review by the Registration Appeals Committee.

Applicant's Name Date

If your contact information has changed since you applied to the College, please provide the updated information along with this form.