

Lake Superior  State University

**Memorandum**

**School of Education**

phone 906•635•2811  
fax 906•635•7565

**To:** Registrar  
**From:** Dr. David Myton  
**Date:**  
**Cc:** Student File  
**Re:** Ontario College of Teachers Qualifications

Please expedite the submission of the following documents to the Ontario College of Teachers for the student named below.

Ontario College of Teachers  
121 Bloor Street East, 6<sup>th</sup> Floor  
Toronto ON M4W 3M5

- Official Statement of Enrollment bearing a seal and signature of the registrar
- Official Student transcript bearing the seal and signature of the registrar
- Copy of grade-to-percentage correlation table (i.e. A=90%)
- The attached "Letter of content, field work completed, and status of candidate" bearing the signature of the Chair of the School of Education

**TO BE COMPLETED BY STUDENT**

I request that the above documents be sent to the Ontario College of Teachers on my behalf.

\_\_\_\_\_  
STUDENT NAME (PRINT)

\_\_\_\_\_  
STUDENT NUMBER

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE