ENTRANCE EXAMINATION REGISTRATION
FOR APPLICATIONS RESIDING OUTSIDE OF OTTAWA

Entrance examination for
Name: ________________________________  Student #: __________
Address: ______________________________
                                  ______________________________
                                  ______________________________
Email: ______________________________

Chosen program:
□ Regular BA program or □ Accelerated program (2 years) (for holders of a university degree)
                                  ______________________________

I accept to proctor the entrance examination to the Honours BA with specialization in Translation for ______________________________
                                  ______________________________
                                  ______________________________
                                  ______________________________
                                  ______________________________

Teacher’s signature  Date

Please write in block letters

Teacher’s name: ______________________________

Teacher’s email: ______________________________

Institution: ______________________________

Address: ______________________________

City: ________________Province: ______________________________

Telephone: ________________Postal Code: ______________________________

IMPORTANT: This registration form must be completed, signed and sent to the School of Translation and Interpretation by the teacher one month before the date of the exam. Retain a copy of this form for your files. You may return the completed form by mail, fax or email.

Email: trasec@uottawa.ca