ENTRANCE EXAMINATION REGISTRATION
FOR APPLICATIONS RESIDING OUTSIDE OF OTTAWA

Entrance examination for
Name: ____________________________ Student #: ___________
Address: __________________________
________________________
________________________
Email: ____________________________

Chosen program:
☐ Regular BA
☐ Accelerated (2 years) (for holders of a university degree)
☐ Minor in Translation into English
☐ Certificate in English-French Translation
☐ Masters Qualifying

_____________________________________________________

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