

TRANSCRIPT AND DIPLOMA SUPPLEMENT REQUEST FORM

OIQ FILE NUMBER

THIS SECTION MUST BE FILLED OUT BY THE REQUESTER

Last name

First name

Date of birth (yyyy-mm-dd)

Telephone

Email

Name of institution

City/Province/Country

Dates of attendance

from

(yyyy-mm)

to

(yyyy-mm)

Name of diploma

Date obtained (yyyy-mm)

I hereby authorize _____ (name of the institution) to send the Ordre des ingénieurs du Québec a copy of the transcript AND diploma supplement in my university file and confirm all information in relation to obtaining the diploma (type of information: name of diploma, date on which diploma was awarded, dates of attendance at the institution). This authorization is valid for a period of 60 days.

Signature

Date (yyyy-mm-dd)

THIS SECTION MUST BE FILLED OUT BY THE AUTHORIZED REPRESENTATIVE

Note to the authorized university representative: The above-named person (requester) has filed a permit application and would like for his or her transcript AND diploma supplement to be sent to the Ordre des ingénieurs du Québec.

Name of the authorized university representative

Title of position or office

Telephone

Email

I confirm that all information entered in the "This section must be filled out by the requester" section is true and exact.

Signature of the authorized university representative

Date (yyyy-mm-dd)

Transcript AND diploma supplement enclosed

PLEASE RETURN THIS FORM AND THE TRANSCRIPT AND DIPLOMA SUPPLEMENT TO THE FOLLOWING MAILING ADDRESS:

Ordre des ingénieurs du Québec
1801 AV MCGILL COLLEGE, MONTRÉAL, QC, H3A 2N4