



## POST TESL Certificate Training APPLICATION FORM

\*This application must be completed in full including supporting documents.

Date of Application: \_\_\_\_\_

Mr.  Ms.  First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: (Day) \_\_\_\_\_ Tel: (Evening) \_\_\_\_\_

Email: \_\_\_\_\_

Course: **Post TESL Certificate** in \_\_\_\_\_

**Admission Requirement:** Participants have completed a TESL program from a TESL Ontario accredited institution OR have TESL Ontario Accreditation.

### Please include:

Copy of photo identification (Driver's licence, passport, residency card) and proof of TESL Ontario accreditation (certificate or membership card)

### TUITION PAYMENT INFORMATION:

VISA  MASTERCARD  AMEX  CHEQUE  MONEY ORDER  CASH

Card # \_\_\_\_\_ Expiry: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(if different from above)

SIGNATURE: \_\_\_\_\_

**SUBMIT APPLICATION:** Canadian College of Educators, 2345 Stanfield Rd, Suite 302, Mississauga Ontario L4Y 3Y3  
Tel. 905.896.0000 • Fax 905.896.9252 • Email: [info@canadiancollegeofeducators.ca](mailto:info@canadiancollegeofeducators.ca) • [www.canadiancollegeofeducators.ca](http://www.canadiancollegeofeducators.ca)