



**INTERNATIONAL STUDENT APPLICATION FORM FOR ADMISSION TO
CANADIAN COLLEGE OF EDUCATORS**

<p>PLEASE SUBMIT FORM TO:</p> 	 <p>Canadian College of Educators 1370 Dundas Street East, Suite 203 Mississauga, Ontario, Canada L4Y 4G4 Phone: 001-905-896-0000 Fax: 001-905-896-9252 Email: info@canadiancollegeofeducators.ca</p>
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This form must be accompanied by a copy of passport photo page and non-refundable application fee payment of \$150 (Canadian) in the form of a bank (wire) transfer, credit card, or international money order payable to Canadian College of Educators.

1 - PERSONAL INFORMATION

Family Name (Last Name):							
First & Middle Name:							
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth				
			(Day/Month/Year):				
Address:							
City/Town:				Province/State:			
Postal Code/ ZIP:				Country:			
Country of Citizenship:				Email Address:			
Telephone Number:				Fax Number:			

2 - LANGUAGES

First Language:	
Other Languages:	

3 - ENGLISH AS A SECOND LANGUAGE PROGRAM INFORMATION

Please check (✓) one Program Option and one Program Level below:

<p>English as a Second Language Program</p> <p>Start Date: _____</p> <p>End Date: _____</p> <p>Total # of weeks: _____</p>	<p>Program Option:</p> <p><input type="checkbox"/> semi-intensive (12 hours/week)</p> <p><input type="checkbox"/> intensive (20 hours/week)</p> <p><input type="checkbox"/> super-intensive (30 hours/week)</p> <p>Program Level:</p> <p><input type="checkbox"/> Basic</p> <p><input type="checkbox"/> Intermediate</p> <p><input type="checkbox"/> Advanced</p> <p><input type="checkbox"/> Not sure</p>
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4 - COLLEGE DIPLOMA PROGRAM INFORMATION

Please check (✓) one Program Option:			
Start Date: _____	Program Option: <input type="checkbox"/> Teaching English as a Second Language (TESL) Diploma		
End Date: _____	<input type="checkbox"/> Other Interests: _____		
5 - EDUCATION			
Please check (✓) completed levels of education:			
<input type="checkbox"/> Secondary, High School, Middle School:	Last year of attendance:		Country:
	Name of Secondary School:	Level Achieved:	
<input type="checkbox"/> College/University:	Last year of attendance:		Country:
	Name of University/College:	Credential Achieved:	
<input type="checkbox"/> Other:	Please specify:		
I am a current student	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6 - STUDENT SERVICES			
I am interested in the following:	<input type="checkbox"/> Airport Pick-up <input type="checkbox"/> Accommodations	<input type="checkbox"/> Health Insurance <input type="checkbox"/> Tours and Excursions	
7 - PAYMENT INFORMATION			
I will be paying the \$150 non-refundable Application Fee in Canadian Funds payable to the Canadian College of Educators by:			
<input type="checkbox"/> Bank (Wire) Transfer or <input type="checkbox"/> International Money Order			
Payable to:			
Bank:	Canadian Imperial Bank of Commerce		
Address:	5 Dundas Street East, Station A, Mississauga, Ontario, Canada L5A 2Z2		
Account No:	2202212	Transit No:	02722 Bank No: 010
Swift Code:	CIBC CATI	ABA Routing No:	026009593
Account Holder:	Canadian College of Educators		
<input type="checkbox"/> Credit Card			
Type of Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Name on Credit Card:	_____		
Billing Address:	_____		
Credit Card Number:	□□□□□□□□□□□□□□□□		
Credit Card Expiry:	□□ Month □□ Year		
8 - SIGNATURE			
Signature:	_____		Date: _____

