



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

<p><b>PLEASE SUBMIT FORM TO:</b></p> 	 <p><b>Canadian College of Educators</b>          1370 Dundas Street East, Suite 203          Mississauga, Ontario, Canada L4Y 4G4          Phone: 001-905-896-0000 Fax: 001-905-896-9252          Email: <a href="mailto:info@canadiancollegeofeducators.ca">info@canadiancollegeofeducators.ca</a></p>
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**This form must be accompanied by a copy of passport photo page and non-refundable application fee payment of \$200 (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 - COLLEGE PROGRAM INFORMATION**

Please check (✓) one Program Option:

Start Date: _____	Program Option: <input type="checkbox"/> Teaching English as a Second Language (TESL) Diploma <input type="checkbox"/> Other Interests: _____
End Date: _____	

<b>4 - EDUCATION</b>			
Please check (✓) completed levels of education:			
<input type="checkbox"/> Secondary/High School:	Last year of attendance:		Country:
Name of Secondary/High School:	Level Achieved:		
<input type="checkbox"/> College/University:	Last year of attendance:		Country:
Name of University/College:	Area of Study:	Credential Achieved:	
<input type="checkbox"/> Other:	Please specify:		
I am a current student	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5 - PAYMENT INFORMATION</b>			
I will be paying the \$200 non-refundable Application Fee in Canadian Funds payable to the Canadian College of Educators by:			
<input type="checkbox"/> <b>Bank (Wire) Transfer</b> or <input type="checkbox"/> <b>International Money Order</b> or <input type="checkbox"/> <b>Credit Card</b>			
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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Credit Card Expiry: <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year			
<b>6 - SIGNATURE</b>			
Signature:			Date: