



# 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 or TESL Canada accredited institution OR have TESL Ontario or TESL Canada Accreditation.

## Please include:

Copy of photo identification (Driver's licence, passport, residency card) and proof of TESL 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, 1370 Dundas Street East, Suite 203, Mississauga ON L4Y 4G4**

Tel. 905.896.0000 • Email: [info@canadiancollegeofeducators.ca](mailto:info@canadiancollegeofeducators.ca) • [www.canadiancollegeofeducators.ca](http://www.canadiancollegeofeducators.ca)