



CANADIAN COLLEGE OF EDUCATORS



APPLICATION FORM

*THIS APPLICATION FORM MUST BE COMPLETED IN FULL INCLUDING ALL SUPPORTING DOCUMENTS.

DATE OF APPLICATION: _____

MR.

MS.

FIRST NAME: _____ LAST NAME: _____ ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

COUNTRY: _____ ZIP/POSTAL CODE _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

Please Check One

- Canadian Citizen (Attach copy of Passport or Drivers Licence)
- Permanent Resident (Attach copy of Passport, PR Card or Drivers Licence)
- International Student (Attach copy of Passport or Visa)

PROGRAM SELECTION: _____

PART TIME: FULL TIME:



START DATE:

Month / Date / Year

Please include the following with this application.

1. Copy of highest level of education completed (please enclose academic records/transcripts)
2. Work experience (please attach resume) and/or experience that may be relevant for this program (examples may include, volunteer teaching, experience with other cultures, overseas travel, special studies, etc.)
3. Please indicate in 100 words or less why you are applying to this program
4. Enclose payment of \$50.00 for the non-refundable application fee. Tuition fees may be paid in full or on a monthly payment plan once your application has been approved. All payments to be made out to "Canadian College of Educators".

PAYMENT INFORMATION:

VISA

MASTERCARD

BANK DRAFT, CHEQUE, MONEY ORDER

E-TRANSFER

CARD NUMBER: _____ EXPIRY _____ CVV (3-DIGIT) _____

NAME ON CARD: _____

BILLING ADDRESS: _____

SIGNATURE: _____

Mail this application to: **Canadian College of Educators, 1370 Dundas Street East, Suite 203, Mississauga, Ontario L4Y 4G4 OR**

Email this application to: **info@canadiancollegeofeducators.ca**