



# 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: \_\_\_\_\_

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](mailto:info@canadiancollegeofeducators.ca)