

The ACE TESOL Certificate Application Form

Course dates: _____

Full name: _____

Address: _____

Telephone #: _____ E-Mail: _____

University degree: _____ Major: _____

Granting institution: _____ Date of completion: _____

*Please provide a copy of your degree and/or transcripts. Please note that if you do not possess a four-year degree you will not be eligible to apply for TESL Canada Professional Certification.

Are you a native English speaker? ___ Yes ___ No

If no, provide your score on a standardized proficiency test: _____ Test name: _____

*Please provide your official test results. See www.aceducation.ca/ace_certificate.htm for proficiency test requirements.

Purpose for taking the TESOL Certificate course: _____

Previous teaching experience: _____

Method of payment: ___ Cheque ___ Credit Card Total Amount Due: \$ _____

Card Type and Number: _____ Expiry Date: _____

Cardholder Name: _____

Signature (must be included): _____

Please mail your completed application form and check to: Edmonton Mennonite Centre for Newcomers, 11713 – 82 Street, Edmonton AB T5B 2V9

OR fax your completed application form and credit card information to: 780-424-7736

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For more information on TESL Canada contact 1-800-393-9199 or admin@tesl.ca or www.tesl.ca or 408-4370 Dominion Street, Burnaby, BC, V5G 4L7.

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