



TESOL Certificate Program Application

Applicant Information

Given/First Name(s):		Last Name:		Date of birth: (dd/mm/yy)	
Email:			Phone:		
Summer Mailing Address (the address to which you will be receiving mail during spring/summer studies)					
Street Address:					
City:		Prov/State:		Postal/Zip:	
Country:					
Have you previously applied or attended Acadia University? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what year did you apply:		
If you previously applied under a different surname, please indicate the name:			Have you taken a credit course in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Acadia Student Number (if known):					

New Students - Complete the following (if you don't have a student number or have not completed a credit course in the last 12 months at Acadia)

Permanent (home) Mailing Address					
Street Address:					
City:		Prov/State:		Postal/Zip:	
Country:					
Title:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Country of Citizenship:	
Mother Tongue:					
Immigration Status: <input type="checkbox"/> Canadian <input type="checkbox"/> Student Visa <input type="checkbox"/> Permanent Resident			In this current academic year you were: <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Secondary High School <input type="checkbox"/> No Educational Institution		

Educational History

Previous Education Information - List all institutions attended

Attendance Period	Name of School	City/Province	Country
Senior High School From ____ To ____			
College or University 1 From ____ To ____			
College or University 2 From ____ To ____			

Registration

Please indicate below the course(s) for which you are registering and in which session you would like to register

Select below the course(s) in which you would like to register. Indicate in which session you will be completing the course or indicate the year you completed in the course using this section of the form. Year: _____	Open Entry (Online Distance Course)	F/W (Sept-April)	If you have previously completed this course please indicate the year completed below
<input type="checkbox"/> EDUC 4673 Teaching English as a Second Language	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> EDUC 4683 Linguistics for Teachers	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> EDUC 4863 Acquisition of Language	<input type="checkbox"/>	<input type="checkbox"/>	
Practicum (you must have taken the three course above as a pre- or co-requisite)			
<input type="checkbox"/> Internal (on site at Acadia) – please select your top three preferences - exact dates at http://tesol.acadiau.ca	Fall 1 – Sept to Oct Fall 2 – Nov to Dec Winter 1 – Jan to Feb Winter 2 – Mar – Apr Spring – Apr – May Summer- July – Aug	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<input type="checkbox"/> External – please note below if location/general timeframe if known here Location: _____ General Time Frame: _____			

Fees and Payment (all fees are due with registration – payment options at [http:// ancil.acadiau.ca](http://ancil.acadiau.ca))

I acknowledge that this information is collected to determine my eligibility for admission and may be used for compatible purposes as contact information for other university programs and services. This information will become part of a student record, Open Acadia is authorized to verify any information provided as part of this application. I certify that all of the information provided on this application is correct. I understand that admission granted on the basis of this application or supporting documents will be revoked if the information given is found to be untrue in any material respect. I authorize my school, college or university to release pertinent information, on a confidential basis, to Open Acadia to aid in the evaluation of my admissibility. I hereby agree to the terms and conditions related to fees and refund policies as published on the <http://acil.acadiau.ca>

Applicant Signature: _____ Date: _____