The ACE TESOL Certificate Application Form

Location:	Course date	s:
Full name:		
Address:		
elephone #: E-Mail:		ail:
University degree:		Major:
Granting institution:		Date of completion:
		if you do not possess an undergraduate degree from a TESL Canada Professional Certification.
Are you a native English speake	?YesNo	
If no, provide your score on a st	andardized proficiency test: _	Test name:
*Please provide a copy of your official tanguage proficiency test requirements		ation.ca/courses-and-services/ace-tesol-certificate.html for cation.
Previous teaching experience:		
Method of payment:		d Total Amount Due: \$
Card Type and Number:		Expiry Date:
Cardholder Name:		
Signature (must be included):		
Please mail or drop off your con Edmonton Mennonite Centre for 11713-82 Street Edmonton, AB T5B 2V9	• • •	check to:

Attn: Meghan Klettke

OR e-mail your completed application form and credit card information to:

Meghan Klettke at mklettke@emcn.ab.ca

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For more information on TESL Canada contact 1-800-393-9199 or admin@tesl.ca or www.tesl.ca or 3751 -21st Street NE, Calgary, AB T2E 6T5.