



TESL APPLICATION FORM FOR SEPTEMBER 04, 2012

PRINT ALL INFORMATION CLEARLY

SUBMIT THESE PAGES BY May 31, 2012

BY MAIL: George Brown College
Language Studies Department
Casa Loma Campus
P.O. Box 1015, Station B
Toronto, Ontario
M5T 2T9

BY FAX: (416) 415-4819

IN PERSON: Casa Loma Campus, Building D
1 Darnell Ave. Room D313, OR D305A
(Office hours are 8:30 – 4:30 from Monday to Friday)

DO NOT SUBMIT FEES OR TRANSCRIPTS WITH THIS APPLICATION

**APPLICANTS WILL BE NOTIFIED WHETHER OR NOT THEY HAVE BEEN
ACCEPTED BY June 15, 2012.**

**GEORGE BROWN COLLEGE TESL PROGRAM September 04, 2012
APPLICATION FORM**

Surname: _____ First name: _____

Address: _____

City: _____ Postal Code: _____

Tel: Res. _____ Tel: Bus. _____

E-Mail Address (if applicable) _____

If you are selected for the TESL Program, you will be asked to attend an interview. Please circle the phone number or the email address at which we can contact you most easily.

Status: Canadian Citizen ____ Landed Immigrant ____ Student Visa ____

First Language: _____

Note: Applicants whose first language is not English **must** provide proof of language proficiency with one of the approved tests.

Have you ever applied for this course before? Yes ____ No ____
If Yes, please state when. _____

ESL CLASSROOM TEACHING EXPERIENCE

institute/city	adults/children	level/grade	start date	finish date	total hours

OTHER CLASSROOM TEACHING EXPERIENCE

institute/city	adults/children	level/grade	start date	finish date	total hours

EDUCATION

degree/diploma	institution/city	course major	date completed

TESL or related courses or workshops

Other ESL/EFL involvement, such as tutoring or community service.

Present Occupation: _____

Position: _____

Institution/Company: _____

Length of Time: _____

How did you find out about
the GBC TESL certificate
program? _____

IMPORTANT: PLEASE READ CAREFULLY

The Practicum course is only offered during the day. Students who are accepted into the TESL program must be able to commit to a full-time Practicum. Students must be available for at least a three (3) week block of time from Monday to Friday, 9:00 am to 4:00 pm. By signing and submitting this application, you acknowledge that you have understood and accept this requirement.

signature

date signed

**PLEASE INCLUDE LANGUAGE PROFICIENCY TEST SCORES .
(IF REQUIRED IN YOUR CASE)**

TEST _____

SCORE _____

NOTE: Please do NOT send any fees with this application.

