



**Carleton**  
UNIVERSITY

Canada's Capital University

**CERTIFICATE IN TEACHING ENGLISH  
AS A SECOND LANGUAGE (CTESL)**

**APPLICATION FORM (CONCURRENT)**

**A. Identifying Information (Please print)**

Student Number	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
Family Name	Given Names	
Local Address		
City	Province	Postal Code
Telephone	Connect Email Address	

**B. Education**

Current Honours Degree	Major
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**C. Enrolment**

Expected Term of Enrolment <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year
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**D. Confirmation**

I hereby certify that all statements are correct and complete. I understand that any misrepresentation of this data may result in the cancellation of my admission or registration status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For SLALS Use Only**

Decision <input type="checkbox"/> Accept <input type="checkbox"/> Not Accept	Date	Program Code CP
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Submit the completed form along with a statement of interest to: CTESL Program, School of Linguistics and Language Studies, 236 Paterson Hall, 1125 Colonel By Drive, Ottawa, Ontario K1S 5B6.

Tel: 613-520-2802 Fax: 613-520-6641