



**Carleton**  
UNIVERSITY

Canada's Capital University

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

**APPLICATION FORM (CONCURRENT)**

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

Last Name	First Name	Student Number	
Preferred Name		Date of Birth (DD-MM-YYYY)	
Local Address			
City	Province	Postal Code	
Telephone	Carleton Email Address		

**B. Education**

Current Honours Degree	Major
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**C. Enrolment**

Expected Term of Enrolment	Fall	Winter	Summer	Year
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**D. Confirmation**

I hereby certify that all statements are correct and complete.

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, or send by email to: [linguistics@carleton.ca](mailto:linguistics@carleton.ca) Tel: 613-520-2802 Fax: 613-520-6641