

ACADEMIC INFORMATION



Diploma of Education Program

Please have all educational institutions forward your current transcript(s) directly to:

Admissions - Covenant Canadian Reformed Teachers College
410 Crerar Drive
Hamilton ON L9A 5K3

List each high school and, if applicable, post-secondary institution you have attended.

Secondary School	Location	Year of Graduation
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Post-Secondary Institution(s)	Location	Degree and Program of Study	Year of Graduation
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Post-Secondary Institution(s)	Location	Degree and Program of Study	Year of Graduation
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Intended program of study: Diploma of Education Two-Year Program

Intended area of specialization: Primary(K-3)/Junior(4-6) Junior(4-6)/Intermediate(7-10)

Academic year for which you are applying:

2019-20 2020-21 2021-22

REFERENCES

Please list the names of the three people who are completing reference forms on your behalf.

Each referee should send the completed form directly to Admissions Office - Covenant Canadian Reformed Teachers College.

a) Pastor or ward elder: _____

b) Professor: _____

c) Employer, supervisor or other: _____

AGREEMENT

I certify that the information pertaining to my Application for Admission to Covenant Canadian Reformed Teachers College is complete and accurate.

Signature: _____ Date: _____