

APPLICATION FOR ADMISSION



Diploma of Teaching Program

Legal Name: _____
Last First Middle

Address: _____
Street City

Province Postal Code Home Phone Number Cell Phone Number

Email address: _____

Date of Birth: ___/___/___
MM DD YY **Gender:** Male Female

Parent(s), Guardian(s), Spouse:

Full Name(s) Relationship

Address (if different from above)

Home Phone Number Cell Phone Number

Church Membership/Congregation: _____

Accommodation: I would appreciate receiving assistance in arranging accommodation

OFFICE USE ONLY	
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ACADEMIC INFORMATION

Please have all educational institutions forward your current transcript(s) directly to admissions@covenantteacherscollege.com or mail 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	Location	Degree and Program of Study	Year of Graduation
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French Status – Please list courses [and final grades] completed:

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- Home-schooled** [Note: You will be contacted for further particulars]

List each U/M Designated Courses Completed/Will Be Completed in Grade 12:

Course 1	
Course 2	
Course 3	
Course 4	
Course 5	
Course 6	
Course 7	

Intended program of study: Diploma of Teaching Three-Year Program

REFERENCES

Please list the names of the references who will be completing a reference form on your behalf.

Each reference will send the completed form directly to Admissions - Covenant Canadian Reformed Teachers College.

- a) Academic Reference: _____
(Name) (Position)
- b) Pastoral Reference: _____
(Name) (Position)
- c) Character Reference: _____
(Name) (Position)

AGREEMENT

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

Signature _____ Date: _____

Printed Name: _____