



**TRINITY
WESTERN
UNIVERSITY**

Education. Transformation. **IMPACT.**

Trinity Western University Extension Student TESOL Certificate **APPLICATION**

Name & Personal Information

Please select semester and year
from Dropdown menu

Last Name First Name

Middle name Preferred name (if different)

Street Address/Box Number City Prov/State Postal Code/Zip Code

Home Phone Work Phone Email

Citizenship: Canadian Other _____ If other, do you have MSP? Yes No
(please specify)

Birth date (M/D/Y) S.I.N. Number Study Permit #

Have you ever registered for a course at TWU? Yes No Student Number _____
If yes, do you have a current [TWUpass?](#) Yes No (if known)

If "no", do you meet the university's [English Language Proficiency requirements?](#) Yes No

Course Code # Section	Course Title	Sem. Hrs.	Course Fee	
eg. LING 268 A			Tuition	Other
TOTAL FEES (all tuition & other fees)				

I confirm that all information supplied in this registration form is true and correct to the best of my knowledge

Date: _____

FOR OFFICE USE ONLY

<input type="checkbox"/> Cheque: # _____ \$ _____	Date Received: _____	<input type="checkbox"/> Aqueduct Info.	<input type="checkbox"/> Confirm. Email
<input type="checkbox"/> Cash <input type="checkbox"/> Debit \$ _____	Date Registered: _____	<input type="checkbox"/> Jenzabar/Reg.	<input type="checkbox"/> Schedule/TP
<input type="checkbox"/> Loan <input type="checkbox"/> ProD/Torch \$ _____	Date Received: _____	<input type="checkbox"/> Jenzabar/Busi.	<input type="checkbox"/> ID Req. /label
<input type="checkbox"/> Other: _____ \$ _____	Date Received: _____	<input type="checkbox"/> Reg.: Courses	<input type="checkbox"/> Receipt