



# Regis College

Federated with the University of Toronto  
Founding Member of the Toronto School of Theology

## TEACHER FORMATION PROGRAM APPLICATION

COURSE OFFERINGS SUBJECT TO MINIMUM ENROLMENT. REGIS COLLEGE RESERVES THE RIGHT TO CANCEL A COURSE AND MAKE A COMPLETE REFUND. FULLY ACCREDITED BY THE ONTARIO COLLEGE OF TEACHERS.

### 1. PERSONAL INFORMATION

ONTARIO COLLEGE OF TEACHERS REGISTRATION NUMBER		SOCIAL INSURANCE NUMBER			
OFFICIALLY RECOGNIZED LAST NAME/SURNAME		FORMER LAST NAME/SURNAME (IF APPLICABLE)		GIVEN/FIRST NAMES (IN Full)	
TITLE <input type="checkbox"/> MISS <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR	DATE OF BIRTH YEAR      MONTH      DAY		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	FIRST LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER	
COUNTRY OF CITIZENSHIP	IF YOU ARE NOT A CANADIAN CITIZEN, PLEASE INDICATE YOUR STATUS IN CANADA <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA (Please specify below)			DATE OF ENTRY INTO CANADA YEAR      MONTH      DAY	

### 2. CONTACT INFORMATION

MAILING ADDRESS (APT/SUITE NO. FOLLOWED BY STREET OR P.O. BOX NO.)		CITY/TOWN	PROVINCE	POSTAL CODE
HOME TELEPHONE NUMBER (    )	BUSINESS TELEPHONE NUMBER (    )	FAX NUMBER (    )		
EMAIL ADDRESS – Please print clearly and legibly. (Regis College uses e-mail as the PRINCIPAL form of communication) DO NOT LEAVE THIS BLANK!				

### 3. ACADEMIC BACKGROUND

POST-SECONDARY INSTITUTIONS ATTENDED OR BEING ATTENDED (attach additional sheet if needed)			DEGREE RECEIVED/EXPECTED		IF BACHELORS, INDICATE LENGTH OF PROGRAMME	
YEARS ATTENDED FROM - TO	UNIVERSITY NAME	CITY	(e.g. B.A., B.Sc., etc...)	YEAR/MONTH	3-YEAR	4-YEAR

### 4. COURSE SELECTION

<b>COURSE TITLE</b>	<b>SESSION</b>
<input type="checkbox"/> Religious Ed Part 1 \$550 <input type="checkbox"/> Religious Ed Part 2 \$550 <input type="checkbox"/> Religious Ed Specialist \$550	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
PLEASE INDICATE THE DOCUMENTS YOU ARE ATTACHING: <input type="checkbox"/> CERTIFICATION OF TEACHING EXPERIENCE FORM (for Part 2 and Specialist only)	
PLEASE INDICATE THE PAYMENT YOU ARE ENCLOSING: Payment can be made by Visa, Mastercard, certified cheque or money order (payable to "Regis College") <input type="checkbox"/> \$550.00 Part I TUITION FEE (includes \$75 non-refundable application fee) <input type="checkbox"/> \$550.00 Part 2 and Specialist TUITION FEE (includes \$75 non-refundable application fee)	

#### DECLARATION

I declare that all of the above data are correct and complete, and that I am aware that sanctions may be applied for a false declaration. The name shown at the top of this form is the complete name by which I am legally and correctly known.

#### WITHDRAWAL AND REFUND POLICY FOR TUITION FEE ONLY:

100% (less \$75 non-refundable application fee) prior to course start date  
2/3 prior to the commencement date of the 3<sup>rd</sup> class - No refund after the date of 3<sup>rd</sup> class  
Tuition does not include travel, accommodation, health insurance or incidental expenses for travel courses. Please contact instructor for further information.

#### REGIS COLLEGE PRIVACY STATEMENT

Regis College respects personal privacy. Personal information that students and other persons provide to the College is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and advancement, and for the purpose of statistical reporting to ecclesial authorities, the University, government agencies, the Association of Theological Schools (ATS), and other professional organizations (e.g. the Ontario Council of Graduation Studies). At all times personal information will be protected.

APPLICANT'S SIGNATURE	DATE
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IF YOU ARE PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:

VISA    MASTERCARD   CARD NUMBER: \_\_\_\_\_ EXPIRY: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

NAME AS ON CARD: \_\_\_\_\_ CARDHOLDER'S SIGNATURE: \_\_\_\_\_ TOTAL: \_\_\_\_\_

<b>R</b> FOR OFFICE USE ONLY <b>P</b>	APPROVED	CONDITIONAL	REFUSED	NOTES:
	INITIALS	INITIALS	INITIALS	
	DATE	DATE	DATE	

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[www.regiscollege.ca](http://www.regiscollege.ca)