

# Faculty of Education, Wilfrid Laurier University

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## Term and Year

<b>Officially recognized surname</b>		<b>OCT #number</b>		<b>Date of Birth</b>			
				<b>mm</b>	<b>dd</b>	<b>yyyy</b>	
<b>Former Surname (if applicable)</b>		<b>Social Insurance Number</b>					
<b>Given Names in full</b>		<b>E-mail Address</b>				<b>School Board</b>	
<b>Mailing Address</b>							
_____							
<b>Apt.</b>	<b>No. and Street or P.O. Box</b>			<b>City/Town</b>		<b>Province</b>	<b>Postal Code</b>
<b>Telephone</b>			<b>School Name</b>			<b>School Phone</b>	
<b>Post Secondary Institutions Attended/Being Attended</b>				<b>Degree Received/</b>	<b>yyyy</b>	<b>mm</b>	<b>Type of Degree (BA, MA, etc)</b>
<b>Years</b>		<b>University Name</b>		<b>Expected</b>			
<b>From</b>	<b>To</b>	<b>City</b>					
				<input type="checkbox"/> Expected <input type="checkbox"/> Granted			
				<input type="checkbox"/> Expected <input type="checkbox"/> Granted			
				<input type="checkbox"/> Expected <input type="checkbox"/> Granted			
<b>Course Location: Waterloo Guelph</b> Code: <u>WLU</u> Course Title: _____ Part 1 <input type="checkbox"/> Part 2 <input type="checkbox"/> Specialist <input type="checkbox"/> Code: <u>WLU</u> Course Title: _____ Part 1 <input type="checkbox"/> Part 2 <input type="checkbox"/> Specialist <input type="checkbox"/> If you are selecting two courses, do you intend to take both? <input type="checkbox"/> Yes <input type="checkbox"/> No (Choice #2 is my second choice)							
<b>** Confirmation of Teaching Experience Form <u>must be</u> at AQ Office by first day of class (Part 2 and Specialist only)</b>							
<i>I declare that the information on this form is COMPLETE and correct, and that I am aware that sanctions may be applied for a false declaration. The name shown on the top of this form is the complete name by which I am legally and currently known. I understand that my application cannot be processed without all required information, documentation or payment. I acknowledge that I have read this by entering below the date that this form was completed.</i>							
<b>Date(MM/DD/YY):</b> _____							
<b>Payment:</b> <input type="checkbox"/> Cheque (submit with application) <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard							
<b>Discounts:</b> <input type="checkbox"/> \$25 Early Bird <input type="checkbox"/> \$50 B of Ed Alumni <input type="checkbox"/> \$50 F of Ed Associate Teacher - Year(s) _____							
Card Number: _____ Expiry Date(MM/YY): _____							
Cardholder's name: _____							
<b>Tuition fee \$685 Discounts \$ _____ TOTAL FEE: \$ _____</b>							