



VOCATE
777 Garner Road East,
Ancaster, ON L9K 1J4

Application for Evaluation of Qualifications

Name _____

address _____

city _____

province _____

postal code _____

email address _____

telephone: home _____

school _____

CSTC #: _____

Documents (please check the following)

Enclosed

To follow

1. Teaching certificates, degrees, diplomas (photocopies permitted)

2. Official transcripts (no photocopies)

A. Teaching certificates, degrees and/or diplomas earned (photocopies permitted)

B. Official transcripts of undergraduate and/or graduate studies

C. Other post-secondary studies (official transcript enclosed)

D. I declare that the information supplied on this form is complete and correct.

Signature _____

Date: _____

Mail complete form and documents to:
Credentials Committee,
VOCATE
777 Garner Road East
Ancaster, Ontario L9K 1J4

Credentials Committee Use Only

Category Placement: _____

Date: _____