



EDIFIDE
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,
EDIFIDE
777 Garner Road East
Ancaster, Ontario L9K 1J4

Credentials Committee Use Only

Category Placement: _____

Date: _____