



**TEACHER TRAINING PROGRAM  
SIMON FRASER UNIVERSITY JOINT PROGRAM  
APPLICATION FORM 2022/2023**

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH \_\_\_\_\_ Age on September 1<sup>st</sup>, 2022 \_\_\_\_\_  
MONTH/DAY/YEAR

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE/COUNTRY \_\_\_\_\_

POSTAL CODE/ ZIP \_\_\_\_\_ HOME TELEPHONE ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Nationality: Canadian \_\_\_ Landed Immigrant \_\_\_ Other (please specify) \_\_\_\_\_

What is your first language? English \_\_\_ French \_\_\_ Other (please specify) \_\_\_\_\_

Have you trained at NBS before? Yes \_\_\_ No \_\_\_

If so, when and for how long? \_\_\_\_\_

If not, where did you receive your training? \_\_\_\_\_

Are you taking class now? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

Do you have any teaching experience? Yes \_\_\_ No \_\_\_

If so, please give details - levels of students, how many hours per week, for how long etc. on the back of this form or a separate piece of paper.

Please indicate which year you would like to enter the program\*: \_\_\_\_\_

\*Even numbered years are RAD focus, odd numbered years are Cecchetti focus

Please attach two letters of reference and a current copy of your curriculum vitae.

Please scan and email to [registrar@nbs-enb.ca](mailto:registrar@nbs-enb.ca)