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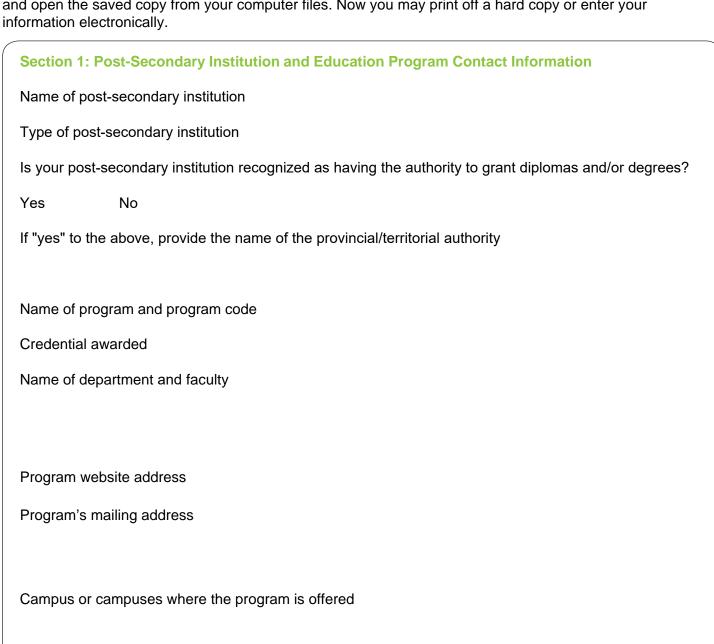
Website: college-ece.ca



Application Form – Approval of Education Program

Instructions

To fill out this form, you must download and save a blank copy to your computer. Close your Internet browser and open the saved copy from your computer files. Now you may print off a hard copy or enter your



Section 1: Post-Secondary Institution and Education Program Contact Information cont'd
If the program is offered jointly with another post-secondary institution, provide the following information:
The partner institution's name and mailing address
A brief description of each institution's role in the delivery of the program
Contact Information - Primary Contact Person
Name
Position
Program
Department
Mailing address (if different from program mailing address as provided above)
Phone number (including extension)

Section 1: Post-Secondary Institution and Education Program Cor Contact Information - Secondary Contact Person (Optional)	ntact Information cont'd	
Name		
Position		
Program		
Department		
Mailing address (if different from program mailing address as provided	above)	
Phone number (including extension)		
E-mail		
Preferred Language of Communication from the College		
Preferred language of communication from the College: English	French	

Section 2: Acknowledgement and Declaration

The post-secondary institution submitting an application for approval under the *Approval of Education Programs Policy* (2017) hereby acknowledges and declares the following:

All information in this submission is true and accurate.

The post-secondary institution shall inform the College of Early Childhood Educators (the College) about any changes to this application and any related materials submitted with the application.

The post-secondary institution shall submit additional information or materials to the College by the deadline specified by the College.

The post-secondary institution shall comply with all of the terms in the *Approval of Education Programs Policy* (2017).

This application was approved by the post-secondary institution's governing body or by another representative authorized to bind the program to the terms of this application.

Name of authorized official or representative

Name of post-secondary institution

Position in the post-secondary institution

By checking this box and typing/printing my name I confirm that I understand the terms of this form and I have the authority to bind the above-noted post-secondary institution to said terms.

Date

(Month/Day/Year)

Section 3: Payment Information

Check the description and the corresponding fees that apply:

Undergraduate program (duration of two years in length) – Application fee is \$200 and assessment fee is \$2,300 – Total is \$2,500

Undergraduate program (duration of more than two years in length) – Application fee is \$200 and assessment fee is \$3,300 – Total is \$3,500

Graduate program – Application fee is \$200 and assessment fee is \$3,300 – Total is \$3,500

Method of payment:

Check the method of payment being submitted and complete the associated fields:

Visa Visa Debit MasterCard

By checking this box and typing/printing my name I authorize the College to charge the credit card below in the amount of \$

Cardholder's name: (please print as it appears on the credit card):

Card number: Expiry date:

CVV number (Card Verification Value) – The 3 digit number located on the back of your card:

Cheque / money order/ bank draft payable to the College of Early Childhood Educators

Cheque / money order/ bank draft number:

Amount paid: \$