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Form A-10 Appeal Application

I. Contact Information (Please print clearly)

□Mr.	⊡Ms. Last	Name	First Name	Middle Name	
Mailing Address			City	Province	Postal Code
Home I	Phone Number	Email Addre	ess (required)		
Cell Ph	one Number	er Place of Employment (<i>if applicable</i>)		Work Phone	Number <i>(if applicable</i>)

II. What TESL Ontario certification/accreditation service have you applied for?

III. Please explain why you are requesting a review of TESL Ontario's decision. (Please use a separate sheet, if necessary.)

IV. Fee (tax included) and Method of Payment

□\$56.50 for Certification Applicants □\$226.00 for Program Accreditation Applicants

• Method of Payment:

Please provide your phone number and a TESL Ontario staff member will contact you during regular business hours for payment information. We will start processing your application after receiving the payment.

PHONE NUMBER: _____

Please email or mail the completed form to the TESL Ontario Office:
Email: administration@teslontario.org
Mailing address: TESL Ontario, 27 Carlton Street, Suite 405, Toronto, Ontario, M5B 1L2

For Office Use Only

Method of Payment: Credit Card Cheque

Fee: □\$56.50 □\$226.00