TEACHERS COLLEGE COLUMBIA UNIVERSITY

Center for International Foreign Language Teacher Education



TCSOL/TESOL Summer Program Application Form I. **Biographical Data** First/Given Name(s) Last/Family Name(s) Chinese Name (if applicable) Preferred Name _____ Date of Birth (YYYY-MM-DD) First Language(s) Place of Birth (City, Zip/Postal Code) **Contact Information** II. _____ Phone Number _____ Email Address Current Address (including Zip/Postal Code) Permanent Address (if different) III. **Program Interest** Select the program option you are registering for. **TCSOL** Certificate **TESOL** Certificate TCSOL/TESOL Dual Certificate IV. Language Proficiency Test Scores/Interview All applicants: If you are a non-native speaker of English, attach a standardized English proficiency test score report (e.g., TOEFL, IELTS, TEM-8, etc.). TCSOL and dual track students only: If you are a non-native speaker of Chinese, attach a standardized Chinese proficiency test score report (e.g., HSK-5). If you don't have a proficiency score, please email ciflte@tc.columbia.edu to schedule an interview. Select one of the options below. I have enclosed an official English and/or Chinese proficiency report. I have emailed CIFLTE to schedule an interview. I have already been interviewed by a member of the CIFLTE staff.

I am a TC, CU, or Barnard student, so my scores are waived.

V. Education

College/University 1	Major	Degree	Date of Completion
College/University 2	Major	Degree	Date of Completion
College/University 3	Major	Degree	Date of Completion
ect one of the options below.			
I have requested my official transcript	s to be emailed directly to Teachers	College.	
I have enclosed an unofficial copy of r			
I am a TC, CU, or Barnard student, so	my transarints are weived		
Professional Experience		g with the most recent.	
		g with the most recent. Dates of Employment	Teaching role (Y/N)
Professional Experience ase list your relevant professional experie	nces in chronological order, startin	Dates of	
Professional Experience ase list your relevant professional experie Title	nces in chronological order, startin Location	Dates of Employment Dates of	(Y/N) Teaching role
Professional Experience ase list your relevant professional experie Title Title	nces in chronological order, startin Location Location	Dates of Employment Dates of Employment Dates of	Teaching role (Y/N) Teaching role

VIII. How You Heard About Us	
In the space below, please tell us how you heard about the Sumr website, Facebook, Friend, Google, Wechat, etc.)	ner Certificate Program (e.g., Baidu, CIFLTE alumni, CIFLTE
IX. Application Fee (Non-refundable)	
☐ I am submitting my application on or before January 17, 20	25, and have paid my \$30 application fee.
I am submitting my application between January 18 and Ma	arch 9, 2025 and have paid my \$50 application fee.
I am submitting my application after March 9, 2025 and ha	ve paid my \$80 application fee.
Please sign and date below.	
Signature	

Upon completion, please forward this form, along with your other application materials to ciftle.osaka@ogu.ac.jp