

### Language is Power www.alcc.ca





DLI code : O19330669492

# **English Program Application Form**

(Please print clearly and answer all questions)

| PERSONAL INFO                       | ORMATION:          |                 |                  |                                  |                                       |                     |  |
|-------------------------------------|--------------------|-----------------|------------------|----------------------------------|---------------------------------------|---------------------|--|
| First (Given) Name:                 |                    |                 |                  | Last (Family) Name:              |                                       |                     |  |
| Date of Birth:                      | Day:               | Month:          | Year:            |                                  | ○ Male                                | ○ Female            |  |
| Tel.:                               |                    | E-Mai           | Address:         |                                  |                                       |                     |  |
| Mailing Address:                    |                    |                 |                  |                                  | _ City:                               |                     |  |
| Province /State: _                  |                    | Pos             | stal Code:       | Co                               | untry:                                |                     |  |
| Nationality:                        |                    |                 | . Na             | tive Language:                   |                                       |                     |  |
| Visa Status:                        | Student Visa       | O Visitor Vi    | sa 🔾 Perm        | anent Resident                   | Other:                                |                     |  |
| Emergency Conta                     | act: Name:         |                 | Те               | el:                              | E-mail:                               |                     |  |
| Please select yo                    | ur program:        |                 |                  |                                  |                                       |                     |  |
| ☐ University Bridging Program (UBP) |                    |                 |                  | ☐ English for Ac                 | ☐ English for Academic Purposes (EAP) |                     |  |
| ☐ General English Program (GEP)     |                    |                 |                  | ☐ English Test Preparation (ETP) |                                       |                     |  |
| Please select yo                    | ur program sta     | t date in 202   | 22:              |                                  |                                       |                     |  |
| ☐ January 3                         | ☐ January 3        | 31 □ F          | ebruary 28       | ☐ March 28                       | ☐ April 25                            | □May 23             |  |
| ☐ June 20                           | ☐ July 18          | □ A             | ugust 29         | ☐ September 26                   | ☐ October 24                          | 4 ☐ November 21     |  |
| How long would y                    | ou like to study?  |                 |                  | weeks                            |                                       |                     |  |
| Which partner un                    | iversity/college w | vill you attend | ?                |                                  | Staı                                  | rt date/ (M / Y)    |  |
| Have you taken a                    | ın English langua  | ige proficienc  | y test?          |                                  |                                       |                     |  |
| ○ Yes                               | Name of            | est:            |                  | Date taken:                      | / (M / Y)                             |                     |  |
| ○ No, I v                           | would like to take | the ALCC p      | acement test     | İ                                |                                       |                     |  |
| If you need any o                   | f the following se | rvices, pleas   | e fill out the s | service application fo           | orm:                                  |                     |  |
| ○ Home                              | stay placement     | ○ Airport       | pick up/drop     | off O Custodians                 | hip (for students                     | under 19 years old) |  |
| How did you find                    | our school?        | ) Internet      | Friend (         | Agent (please sp                 | ecify):                               |                     |  |
| All students must                   | t purchase medic   | al insurance    | or provide w     | ritten proof of insura           | nce before startii                    | ng their study.     |  |
| O I need to purc                    | hase medical ins   | urance (\$2 p   | er day) from     | /(M                              | / D / Y) to/                          | / (M / D / Y)       |  |





○ I have my own medical insurance and decline the ALCC group plan. Initial: \_



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| Do   | you have any medical conditions or mobility restrictions we need to be aware of: O No Yes                                |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|
| lf y | If yes, please specify:  |  |  |  |  |  |  |
| Ву   | signing below, you agree to the following terms:   |  |  |  |  |  |  |
| •    | I have read both the Enrolment Policy and Payment & Refund Policy of ALCC.   |  |  |  |  |  |  |
| •    | I understand that my study status and attendance will be disclosed to scholarship, education or immigration authorities. |  |  |  |  |  |  |
| •    | I give permission for my photograph, videography and / or testimonial to be used in ALCC promotional material.           |  |  |  |  |  |  |
|      | Signature: Date:   |  |  |  |  |  |  |

## **Enrolment Policy**

- 1. Visa Requirements: Students planning to extend their studies for longer than 6 months must apply for a student authorization. Obtaining the necessary information and valid study permit is the responsibility of the student.
- 2. Once an acceptance letter has been issued, it is the student's obligation to come to the registered program on the first day and thereafter. The school is required to inform immigration authorities if the student fails to report to school on the program start date.
- 3. Attendance Requirements: Attendance records are carefully kept at the school for all students. Any failure to come to school without an acceptable reason is not allowed. A poor class attendance rate can affect your status as a fulltime international student in Canada.
- **Liability:** ALCC is not liable in any way to the students for any personal injury, or loss of / damage to property.

# Registration Procedure

- 1. To complete the registration process, you must complete the application form, pay the registration fees, submit a copy of a valid passport and either complete a placement test or submit the results of a recent language proficiency test.
- 2. Once your application has been processed, you will receive a letter of acceptance with your study plan and fees due for your registered classes and/or services.
- 3. You can pay these fees by credit card via Flywire, email money transfer through a Canadian bank account or by inperson by cash or personal check. Banking and other payment information can be found below and on our website.
- 4. After receiving the payment of fees for your registered classes, ALCC will send your receipt, confirmation of acceptance (for visa purposes) and an official letter of enrolment (for college and university conditional admission) via e-mail.
- 5. All homestay applications should be made at least one month before your arrival to ensure enough time to process your request. ALCC cannot guarantee that all homestay preferences will be met.



