

English Program Application Form

(Please print clearly and answer all questions)

PERSONAL INFORMATION

First (Given) Name: _____ Last (Family) Name: _____

Date of Birth: Day: _____ Month: _____ Year: _____ ☐ Male ☐ Female

Telephone: _____ E-mail Address: _____

Mailing Address: _____ City: _____

Province /State: _____ Postal Code: _____ Country: _____

Nationality: _____ Native Language: _____

Status in Canada: ☐ Student Permit ☐ Visitor Visa ☐ Work Permit ☐ Permanent Resident ☐ Other _____

Emergency Contact: Name: _____ Tel: _____ E-mail: _____

How did you find our school? ☐ Internet ☐ Friend ☐ ALCC student ☐ Agent : _____

PROGRAM INFORMATION

Please select your program:

- | | |
|--|--|
| <input type="checkbox"/> University Bridging Program (UBP) | <input type="checkbox"/> English for Academic Purposes (EAP) |
| <input type="checkbox"/> General English Program (GEP) | <input type="checkbox"/> Other _____ |

Please select your 2025 start date and length of study:

- | | | | | | |
|------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> January 6 | <input type="checkbox"/> February 3 | <input type="checkbox"/> March 3 | <input type="checkbox"/> March 31 | <input type="checkbox"/> April 28 | <input type="checkbox"/> May 26 |
| <input type="checkbox"/> June 23 | <input type="checkbox"/> July 21 | <input type="checkbox"/> September 2 | <input type="checkbox"/> September 29 | <input type="checkbox"/> October 27 | <input type="checkbox"/> November 24 |

How long would you like to study at ALCC? _____ weeks

For students entering post-secondary education:

Which partner university/college will you attend? _____ Start date _____ / _____ (M / Y)

Have you received a Letter of Acceptance from the university or college? ☐ Yes ☐ No

Have you taken an English language proficiency test?

- ☐ Yes Name of test: _____ Date taken: _____ / _____ (M / Y)
- ☐ No, I would like to take the ALCC placement test



STUDENT SERVICES

Will you need any of the following services? ☐ Homestay placement ☐ Airport pick up/drop off

Do you have medical insurance?

☐ I need to purchase medical insurance (\$2 per day) from _____ (M / D / Y) to _____ (M / D / Y)

☐ I have my own medical insurance and decline the ALCC group plan. Initial: _____

Do you have any medical conditions or mobility restrictions we need to be aware of: ☐ No ☐ Yes

If yes, please specify: _____

AGREEMENT

By 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.
- It is my responsibility to ensure that my passport, status in Canada and medical insurance are valid.
- I give permission for my photograph, videography and / or testimonial to be used in ALCC promotional material.

_____ Date: _____

ENROLMENT POLICY

1. **Visa Requirements:** Students planning to study longer than 6 months must have a valid study permit. Once enrolment documents have 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 IRCC if the student fails to report to school on the program start date or withdraws from the program.
2. **Attendance:** Records of attendance are kept at the school for all students. Students are expected to attend all classes and a low attendance rate can affect your status as a full-time international student in Canada.
3. **Liability:** ALCC is not liable in any way to the students for any personal injury, or loss of / damage to property.

