## **2020 APPLICATION FORM**

## **GENERAL**

First Name	rst Name Family Name				
Student E-m	ail:				
Address:					
Telephone:	7				
Country of C	Prigin:	Pı	rimary Language:		
BIRTH D	ATE	SEX			
		Fem	nale		
,	ed are for adults	ear* (19 or older). Special condit our website.	ions apply to minors.		
PROGRA	AM INFO	RMATION			
Please sele	ect which p	orogram do you v	vish to study?		
☐ UCP	] UI [	□ IP □ MI	□		
☐ EC [	BEW	☐ PGP* ☐ TEY	L**		
*PGF	only June 29	and October 13 **TE	YL is offered for group registration		
TERM S	TART DA	ATES 2020			
ECLC reco	mmends	students start the	ir UCP studies on the		
term start	dates.				
January 06	March 16	May 25	August 4 October 13		
Extra dates:	June 29 (UC	CP 400, 500, PGP only)	September 8 (UCP 400, 500 only)		
Other Star	t Dates				
January 1	3, 20, 27	May 4, 11	September 14, 21, 28		
February	3, 10, 18, 24	June 1, 8, 15, 22	October 19, 26		
March 2,	23, 30	July 6, 13, 20	November 2, 9, 16, 23,		
April 6, 14	, 20, 27	August 10, 17, 24, 31	30		
ECLC is closed for ber 21, 2020 to Ja		ril 10 to April 13, 2020 and f	or Christmas / New Year from Decem-		
Please cho	ose your	start date and wr	ite it in the start date box.		
Start Date		Number of St	tudy Weeks		
EMERG	ENCY CO	ONTACT			
Contact Name/ Relationship:					
Telephone numb	er:				



UCP	L/AI	IGOAGE COLL	LOL
Do you plan to attend one colleges?	of our partner ι □ <sup>Yes</sup>	universities or	
If yes, please add the nam	e of the college	e or university	: 
Have you been accepted?	Yes	☐ No	
If yes, Student #:			
Exam (i.e. TOEFL/IELTS e	etc.):	Score:	
ACCOMMODATIONS  Do you want to stay with a		amily? 🔲 Yes	☐ No
If yes, can you live with:  Do you require other accor  ☐ Hostel ☐ Apartment ☐	Dogs? Cats? Children? A smoker? Are you smoker? mmodation?  Student Residence	Yes N	0 0 0 0
Medical Conditions:	-	¬¯	
Allergies:			
Expected length of stay?	Same as Study	Period  Other:	
Registration Fee and Homestay/Accommod homestay are non-refundable once the place		e non-refundable. The f	ïrst 2 weeks o
<b>EDUCATIONAL AGE</b>	NT INFORM	IATION	
Agency name:			
Agent E-Mail:			
Telephone number:			
Health Insurance is mand ECLC, or show proof of in I have already purchased health	surance in Eng		through
I have read and agreed t	ا o the Registra	ation Informat	tion
and ECLC Terms and Co	onditions on t	he website. [ —	
Signature:			
Name:			
Date:			





## **ECLC Credit Card Payment Form**

l,	, hereby authorize East Coast Lan	guage
College to charge a \$160	0 Registration fee to my credit card. I understand that the \$160 Registration	n fee
is non-refundable and m	nust be paid before, or as soon as, my application is processed.	
Agency Name:		
Student Name:		
Student Date of Birth:		
Credit Card Type:		
Credit Card Number:		
Name on Card:		
Expiry Date:	CVC:	
Signature:		
Please scan and email th	nis form to study@eclccanada.com.	
We look forward to prod College.	cessing your application as quickly as possible and welcoming you to East C	oast Language
Regards,		
East Coast Language Co	llege	

