

APPLICATION FORM

GENERAL

First Name	Family Name
Student E-mail:	
Address:	
Telephone:	
Country of Origin:	Primary Language:

BIRTH DATE

Day	Month	Year*

SEX

Female Male

*Note: Prices quoted are for adults (19 or older). Special conditions apply to minors.
Please see terms & conditions on our website.

PROGRAM INFORMATION

Please select which program do you wish to study?

UCP UI IP MI II
 EC BEW PGP* TEYL**

*PGP only June 24 and October 7 **TEYL is offered on specific dates only.

TERM START DATES 2019

ECLC recommends students start their UCP studies on the term start dates.

January 2	March 11	May 21	July 29	October 7
Extra dates:	June 24 (UCP 400, 500, PGP only)	September 3 (UCP 400, 500 only)		

Other Start Dates

January 7, 14, 21, 28	May 6, 27	September 3, 9, 16, 23
February 4, 11, 19, 25	June 3, 10, 17, 24	October 15, 21, 28
March 18, 25	July 2, 8, 15	November 4, 12, 18, 25
April 1, 8, 15, 23, 29	August 6, 12, 19, 26	

ECLC is closed for Easter from April 19 to April 22nd, 2019 and for Christmas / New Year from December 16th, 2019 to January 5, 2020.

Please choose your start date and write it in the start date box.

Start Date

Number of Study Weeks

EMERGENCY CONTACT

Contact Name/ Relationship:
Telephone number:



EAST COAST
LANGUAGE COLLEGE

UCP

Do you plan to attend one of our partner universities or colleges? Yes No

If yes, please add the name of the college or university:

Have you been accepted? Yes No

If yes, Student #: _____

Exam (i.e. TOEFL/IELTS etc.): _____ Score: _____

ACCOMMODATIONS

Do you want to stay with an ECLC host family? Yes No

If yes, can you live with:

Dogs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A smoker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you smoker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you require other accommodation? Yes No

Hostel Apartment Student Residence Student House

Medical Conditions:
Allergies:

Expected length of stay? Same as Study Period Other: _____

EDUCATIONAL AGENT INFORMATION

Agency name:
Agent E-Mail:
Telephone number:

Health Insurance is mandatory. You must purchase it through ECLC, or show proof of insurance in English.

I have already purchased health insurance Yes No

I have read and agreed to the Registration Information and ECLC Terms and Conditions on the website.

Signature:
Name:
Date:



@ECLCHalifax

IELTS™
Official Test Centre

1256 Barrington Street, Halifax, NS | Canada | B3J 1Y6

E. info@eclccanada.com | T. 902.491.1526

www.eclccanada.com



ECLC Credit Card Payment Form

I, _____, hereby authorize East Coast Language College to charge a \$160 Registration fee to my credit card. I understand that the \$160 Registration fee is non-refundable and must 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 this form to study@eclccanada.com.

We look forward to processing your application as quickly as possible and welcoming you to East Coast Language College.

Regards,

East Coast Language College
(formerly ECSL)