

2021 APPLICATION FORM



GENERAL

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

BIRTH DATE

SEX

Day	Month	Year*

Female Male

*Note: Special conditions apply to minors. Terms & conditions on our website.

PROGRAM INFORMATION

Please select which program you wish to study.

UCP UI IP MI II
EC BEW PGP* TEYL** English for Parents

*PGP only June 28 and October 12 **TEYL is offered for group registration

TERM START DATES 2021

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

January 4 March 15 May 25 August 3 October 12
Extra dates: June 28 (UCP 400, 500, PGP only) September 7 (UCP 400, 500 only)

Other Start Dates

January 11, 18, 25 May 3, 10, 31 September 13, 20, 27
February 1, 8, 16, 22 June 7, 14, 21, 28 October 18, 25
March 1, 22, 29 July 5, 12, 19 November 1, 8, 15, 22, 29
April 6, 12, 19, 26 August 9, 16, 23, 30

ECLC is closed for Easter from April 2 to April 5, 2021 and for Christmas / New Year from December 20, 2021 to January 2, 2022.

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

Start Date	Number of Study Weeks
<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT

Contact Name/ Relationship:
Telephone number:

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?	Yes	No
Cats?	Yes	No
Children?	Yes	No
A smoker?	Yes	No
Are you smoker?	Yes	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: _____

Registration Fee and Homestay/Accommodation Placement Fee are non-refundable. The first 2 weeks of homestay are non-refundable once the placement is made.

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 will purchase my own health insurance Yes No

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

Signature:
Name:
Date:



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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