

*For Office Use Only*

Student #: \_\_\_\_\_

Session: \_\_\_\_\_

**Session Requested:**

- IELP Winter 2015 (January 5 - April 17)
- IELP Spring 2015 (May 4 - August 14)
- SELP Summer 2015 (July 6 - August 7)
- IELP Fall 2015 (September 8 - December 18)

Please read and fill in this 2 page form electronically and submit with payment. Applications are not considered complete until payment has been received. You are required to complete all details that are highlighted in a red box. Payment methods for your deposit are available at [www.brocku.ca/esl-services/programs/payments](http://www.brocku.ca/esl-services/programs/payments).

For more information about the IELP/SELP, please visit [www.brocku.ca/esl-services/programs](http://www.brocku.ca/esl-services/programs).

**Personal Details**

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Male:  Female:

Birth Date (Day/Month/Year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State/Region: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Native Language: \_\_\_\_\_ Nationality: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Emergency Contact Information**

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State/Region: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Brock University protects your privacy and your personal information. The personal information requested is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of ESL Services' and the University's programs and services. Direct any questions about this collection to the Director of ESL Services at Brock University at (905) 688-5550, ext. 6008.

## Session Fees and Deposits

Please Note: A \$250 deposit and \$25 application fee are due at the time of application. The deposit and application fee are non-refundable.

Session	Dates	# of Weeks	Tuition	Ancillary
Winter 2015	January 5 - April 17	14	\$4000	\$800
Spring 2015	May 4 - August 14	14	\$4000	\$800
Summer 2015*	July 6 - August 7	5	\$1450	\$600
Fall 2015	September 8 - December 18	14	\$4000	\$600

\* The summer program is not applicable for conditional acceptance for undergraduate studies

\*\*Fees subject to change

## Terms and Conditions

- All fees are in Canadian currency.
- The ancillary fee is an additional cost that covers fees such as health insurance, bus pass, computer account, and student identification card.
- Medical coverage is mandatory for ALL students. Health insurance is included with your ancillary (deposit) fees. Coverage commences on the first day of term, and lasts for the duration of the term (takes effect for the term you are enrolled in). \*Note: StudentGuard only covers students up to the age of 65. Prospective students 66 years of age and older should contact [eslbrock@brocku.ca](mailto:eslbrock@brocku.ca) about the purchase of alternate health insurance.
- Full payment is due 4 weeks before the start of the program.
- All fees are non-refundable with one exception. If your Visa application is denied by the Canadian Embassy, the deposit minus a \$250 administration fee will be refunded with proof of denial. Requests for refunds must be made within one (1) year of the application date.
- Under no circumstances will fees be refunded after the start of a program.
- If you wish to live in Homestay for your session, you must fill out a separate Homestay Application form.

- I have read and fully understand the terms and conditions outlined in this application. I also understand that this information may be shared with other Brock University departments. By checking this box I am indicating that I agree to abide by these terms and conditions.
- By checking this box and adding my name to the "Signature of Applicant" line below, I am adding my electronic signature indicating that I agree to abide by the terms and conditions outlined in this application.

I enclose the payment by: cheque  copy of bank transfer  money order  cash (in person only)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

Please submit your application form (filled in electronically) using one of the following methods:

- Fill in the form, print and scan the form, with proof of payment to [eslbrock@brocku.ca](mailto:eslbrock@brocku.ca)
- Fill in the form and send the printed application, with payment to the address on the right
- Fill in the form and submit your application and proof of payment (or cash) in person to ESL Services

Brock University  
ESL Services  
500 Glenridge Ave.  
St. Catharines, Ontario, Canada, L2S 3A1

Phone: 905-688-5550 ext. 4317 | Fax: 905-688-1912 | [eslbrock@brocku.ca](mailto:eslbrock@brocku.ca) | [brocku.ca/esl-services](http://brocku.ca/esl-services)