

Enrollment Application

Sprott~Shaw International Language College

PERSONAL INFORMATION

Status in Canada: () Visitor () Student () Working Holiday Visa

() Mr. () Ms.

First name(s) _____ Phone: _____

Surname/Family name(s) _____

Mailing address:

Street & number _____ City, _____ State _____ Country _____

Postal Code _____ E-mail address: _____

Date of birth: ____/____/____
Day / Month / Year

Telephone#:(____)(____) _____

ENROLLMENT

My application is: (please indicate only **one** of the two choices)

[] a direct enrollment.

[] an enrollment through an agency.

Agency: _____

Agent: _____

Tel. #: _____ Fax. #: _____

Agency E-mail: _____

Method of payment:

Please indicate the form of payment in which your funds will be paid. Note: DO NOT MAIL CASH!

() Personal cheque

() Visa/MC

() Bank draft

() Wire transfer

Beneficiary: Sprott-Shaw International Language College
Bank: Canadian Imperial Bank of Canada (CIBC)
Transit: 03820
Account #: 9266615
SWIFT: CIBCCATT
Branch Address: 10166 King George Hwy
Surrey, BC, V3T2W4, Canada
Phone: (604) 586-2242

PROGRAM SELECTION

Please indicate your program dates (see SSILC calendar):

Indicate your choice of program and the desired start and end dates of months you would like to study:

Start date: ____/____/____ End date: ____/____/____
Day Month Year Day Month Year

[] English Language Studies (Beginner to Advanced)

[] Full-time [] Part-time

[] TEC: Teaching English To Children

[] TESL: Teaching English as a Second Language

[] Business English Communications Diploma

[] Academic Preparation Program

[] International Business Internship Program

[] TOEFL [] TOEIC [] Medical English

[] Other _____

I wish to study in:

[] Kamloops [] Vancouver [] Victoria

Acceptance into programs will depend on eligibility of assessed level. (please see brochure for pre-requisites) and space availability.

Registration Fee:	\$150.00CAD
Materials Fee:	
Tuition:	
Subtotal	
Airport pick-up (\$65.00)	
Medical Insurance: Number of days ____ X \$1.75 CAD	
TOTAL	

All the information given on this application is correct and I accept Sprott~Shaw International Language College terms and conditions (see reverse). Sign below if you have read the refund policy and terms of agreement on the reverse.

Applicant's signature (& guardian's if applicant is under 19.)
Date: _____

Sprott~Shaw International Language College
Representative's Signature



British Columbia, Canada

Kamloops

Tel: 250-374-2375
Fax: 250-374-9325

Vancouver

Tel: 604-605-1375
Fax: 604-605-1575

Victoria

Tel: 250-384-1375
Fax: 250-384-5755

ADDITIONAL SERVICES

ACCOMMODATION

1. () I would like SSILC to arrange a family homestay for me. Please complete the homestay application form. Fees vary depending on location of studies.

2. () I will make my own living arrangements.

AIRPORT PICKUP

I would like SSILC to arrange airport pick-up for me.

[] YES [] NO

MEDICAL INSURANCE (\$1.75 per day CAD)

I would like SSILC to arrange medical insurance for me.

[] YES [] NO

Refund Policy for International Students

International students require a Study Permit to study in Canada unless they are taking a course or program with a duration of six months or less, are a minor child already in Canada whose parents are not "visitors" in Canada, or are a family or staff member of a foreign representative to Canada accredited by the Department of Foreign Affairs and International Trade.

Student Authorization Related Withdrawals

(1) Sprott-Shaw International Language College may retain the lesser of 25% of the total fees due under the contract or \$100 by international students who

(a) are denied Study Permit authorization from Citizenship and Immigration Canada, or

(b) do not receive authorization prior to the start of the program of study, provided that

(i) the student notifies the institution of the circumstances subsection (1) (a) or (b) on or before the first day of a program of study is scheduled to begin, and

(ii) the student, within a reasonable time, provides documentation of the circumstances in subsection (1) (a) or (b) to the institution.

Non-student Authorization Related Withdrawals

(2) When an international student enrolled with and/or studying at an institution on the basis of a Study Permit either withdraws from or is dismissed by the institution, the institution is required to notify Citizenship and Immigration Canada within fourteen (14) calendar days that the student has either withdrawn or been dismissed.

PRIVACY POLICY

In accordance with Part 4(10)(1)(a) of the *Personal Information Protection Act*, we hereby notify you that your name and personal identification information, the name of your program of study, and the amount of the tuition paid will be forwarded to the Private Career Training Institutions Agency for the purpose of administering the Student Training Completion Fund. This information is collected by the PCTIA under section 26 of the Freedom of Information and Protection of Privacy Act. For more information about the collection, use and disclosure of your personal information, visit the Agency's website at www.pctia.bc.ca.

Refunds before a program of study starts:

(3) (a) If written notice of withdrawal is received by the institution less than seven (7) calendar days after the contract is made and before the program starts, the institution may retain the lesser of 25% of the total fees due under the contract or \$400.

(b) Subject to subsection (3) (a), if written notice of withdrawal is received by the institution thirty (30) calendar days or more before the start of a program of study, the institution may retain 25% of the total fees due under the contract.

(c) Subject to subsection (3) (a), if written notice of withdrawal is received by the institution less than thirty (30) calendar days before the start of a program of study, the institution may retain 40% of the total fees due under the contract.

Refunds after the program of study starts:

(4) (a) If written notice of withdrawal is received by the institution, or a student is dismissed within 10% of the program of study's duration, the institution may retain 50% of the total fees due under the contract.

(b) If written notice of withdrawal is received by the institution, or a student is dismissed after 10% and before 30% of a program of study's duration, the institution may retain 70% of the total fees due under the contract.

(c) If a student withdraws or is dismissed after 30% of the program of study's duration, no refund is required.

TERMS & CONDITIONS

1. Enrollment application fee is **non-refundable**.

2. All fees are non-transferable.

3. Balance of the program and accommodation fees must be paid in accordance with the invoice issued and are due a minimum of three weeks prior to the beginning of the program.

4. **Cancellations are subject to the conditions of the college's refund policy.**

5. All bank charges incurred in sending money to Sprott-Shaw International Language College or for refunds issued by the college will be invoiced to the student.

EMERGENCY CONTACT (Home Country)

Name_____

Relationship_____ Telephone#_____

Email:_____

COMMENTS OR SPECIAL INSTRUCTIONS

Self-Assessed English Level:

Have you ever studied Conversational English before? [] YES [] NO

If yes, how long?_____

Have you ever taken a recognized English proficiency exam before? [] YES [] NO

If yes, your most recent score:

TOEFL_____ TOEIC_____ Cambridge_____

Other_____

() Introductory

() Elementary

() Intermediate

() Upper-Intermediate

() Advanced