

**PERSONAL INFORMATION**

PLEASE PRINT CLEARLY AND IN INK

Student No#: \_\_\_\_\_

Family/Last Name: \_\_\_\_\_ Date of Birth (YYYY/MM/DD): \_\_\_\_\_

Given/First Name: \_\_\_\_\_ Gender: male \_\_\_ female \_\_\_

Home Country: \_\_\_\_\_ First Language: \_\_\_\_\_

**ADDRESS****HOME COUNTRY ADDRESS:**

\* This address will appear on the Letter of Acceptance

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

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**MAILING ADDRESS (if different than above):**

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

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

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

**EMERGENCY CONTACT INFORMATION**

I, \_\_\_\_\_ consent to the release of my personal information to the contact listed below should I have difficulties related to my health or general well-being for the duration of my time in Winnipeg.

Name: \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Next of Kin \_\_\_\_\_

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

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**FOR STUDENTS APPLYING THROUGH A THIRD PARTY**

I consent to the disclosure of information regarding my enrolment status in the program and to the release of my enrolment documents to a third party.

Name of Third Party: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**PROGRAM DATES**I wish to apply for the following sessions: (Please check  ALL the terms you are applying for)

- Spring 2012 May 7 - August 17, 2012
- Fall 2012 September 4 - December 14, 2012
- Winter 2013 January 7 - April 19, 2013
- Spring 2013 May 6 - August 16, 2013

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_

LOA: \_\_\_\_\_

QP: \_\_\_\_\_

COLL: \_\_\_\_\_

**ENGLISH PROFICIENCY**

Have you taken any tests of English? Yes \* \_\_\_\_\_ No \_\_\_\_\_

If you have one of the following English test scores:

**TOEFL ibt 5.5** or **IELTS 5.5 overall**, you may not need to write the placement test if you provide proof of one of these scores.**Please submit the copy of the test score together with this application form.**

Where did you first hear about The University of Winnipeg English Language Program?

\_\_\_\_\_

**PROGRAM FEES**

The application Form, application fee, registration tuition deposit are due **FOUR WEEKS** before the session start date.  
The tuition balance and test score are due **ONE WEEK** before the session start date

(Please check <input checked="" type="checkbox"/> ALL that apply)	
<input type="checkbox"/>	\$100.00 Application Fee* (First-time applicants only; non-refundable.)
<input type="checkbox"/>	\$500.00 Registration Tuition Deposit* (non-refundable)
<input type="checkbox"/>	\$2,950.00 Tuition Balance
<input type="checkbox"/>	\$132.00 Health Insurance * (rate subject to change)

\*Students with Study permits for a period greater than 6 months may opt out and apply for Manitoba Health as of April 1, 2012

**HOMESTAY**

I wish to participate in the HOMESTAY program Yes \_\_\_\_\_ No \_\_\_\_\_  
If "YES", please complete the Homestay Application form and send it to our office with the application form.

<input type="checkbox"/>	\$200.00 Homestay Placement Fee* (Non-refundable)
<input type="checkbox"/>	\$2,025.00 Homestay Fee (This fee will cover the first 90 days in Homestay at \$675 per month)

\*The application deadline is four (4) weeks prior to the start of the program.

\* The Homestay Placement Fee is due with this application, along with the Application Fee and Registration Deposit.

**PAYMENT****TOTAL PAYMENT ENCLOSED:**

\$ _____	Application Fee (first-time applicants only)
\$ _____	Registration Tuition Deposit
\$ _____	Health Insurance
\$ _____	Homestay (if applicable)
\$ _____	<b>TOTAL PAYMENT ENCLOSED</b>

**For Office Use Only**

R# \_\_\_\_\_  
R# \_\_\_\_\_  
R# \_\_\_\_\_

**PAYMENT OPTIONS**

All fees must be paid to The University of Winnipeg in Canadian funds. Cheques must be drawn on a Canadian bank.

I wish to pay by: Bank Transfer \* \_\_\_\_\_  
Cheque \_\_\_\_\_  
Credit Card \_\_\_\_\_  
 Visa  Card Number: \_\_\_\_\_  
 Mastercard  Expiry Date (month/year): \_\_\_\_\_  
 Card Holder's Name: \_\_\_\_\_

**BANK TRANSFER INFORMATION:** RBC ROYAL BANK, 220 Portage Avenue, Winnipeg, Manitoba, Canada, R3C 0A5  
Account # 109-506-6; Transit # 00007; Financial Institution # 0003; Swift Code - ROYCCAT2

\*Please include a copy of the bank transfer including student name and ID# with this application

**IMPORTANT PROGRAM POLICIES**

**LETTER OF ACCEPTANCE:** After we receive your Application Form, Application Fee and Registration Deposit, we will send you a Letter of Acceptance for each session for which you have paid a registration deposit.

**STUDY PERMIT:** If you are planning to study for less than 6 months in Canada, you do not require a study permit. If you plan to study for more than 6 months, then you must apply for a study permit. Please consult your nearest Canadian Consulate or Embassy.

**REFUND POLICY:** The Application Fee and Homestay Placement Fee are non-refundable. The Registration Deposit is non-refundable and non-transferable. The remaining tuition fee is non-refundable after the application deadline. The Homestay Fees are non-refundable after the student has moved in with the host family, or after the program has begun. No refunds and transfers will be processed after the application deadline. PLEASE NOTE: Students who are denied a visa will be refunded all fees minus the non-refundable application fee and a \$50 administrative fee. Official documentation must be provided. Fees and dates are subject to change without notice. The University of Winnipeg reserves the right to cancel any program, in which case all fees and deposits will be refunded.

**HEALTH INSURANCE:** ALL international students MUST purchase health insurance through The University of Winnipeg. Health Insurance should be paid as soon as you arrive in Winnipeg. Please come to 491 Portage Avenue during regular business hours.

I declare that I have read and understood the information on this application, and that all statements made with respect to this application are true and complete. I understand and I agree to the payment schedule and refund policy of the English Language Program. I agree, if admitted, to comply with the regulations of The University of Winnipeg.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application forms, fees and required documents to:

English Language Program  
The University of Winnipeg  
515 Portage Avenue  
Winnipeg, Manitoba, Canada R3B 2E9

Tel: (204) 982-1703  
Fax: (204) 982-1707  
Email: infoelp@uwinnipeg.ca  
www.uwinnipeg.ca

