

APPLICATION FORM



Canadian as a Second Language Institute

188 Nelson St. Vancouver - BC - Canada
 V6B 6J8. TEL: (604) 683.2754 FAX: (604) 683.8667
 esl@csli.com / www.csli.com

Registration

You may use our secure online application at www.csli.com and select Registration / Application Form

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First Name	Last Name	Agent
Home Address			Nationality
Phone	Fax	E-mail	Passport Number
Local address		Do you need medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date (D/M/Y)
Visa Classification <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Working Holiday	How did you hear about CSLI? Please circle	University/School, Agent, Internet, Embassy/Consulate, CEC Office, Friend/Family, CSLI student, Guidebook/Advertisement Name? _____	

Program Information

My Program choice is: <input type="checkbox"/> Full-Time <input type="checkbox"/> Morning Half-Time <input type="checkbox"/> Afternoon Half-Time <input type="checkbox"/> Tutoring	Beginner to Advanced <input type="checkbox"/> Practical English (full-time) <input type="checkbox"/> Practical English* (half-time) <input type="checkbox"/> Listening & Pronunciation* (half-time)	Intermediate to Advanced <input type="checkbox"/> Business English/TOEIC* (half-time) <input type="checkbox"/> Academic English* (half-time) <input type="checkbox"/> TOEFL* (half-time)	<input type="checkbox"/> TOEIC <input type="checkbox"/> TESOL Diploma* (half-time) <input type="checkbox"/> Cambridge Exam Preparation <input type="checkbox"/> Practicum <input type="checkbox"/> English through movies
Start Date (D/M/Y)	You may choose a combination of 2 half-time programs* to design a full-time program. We generally recommend that at least half of your full-time program include Practical English.		
End Date (D/M/Y)	Acceptance into these programs will depend on availability and your assessed level of English.		
Number of weeks?	What English level do you think you are? <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		

Accommodation Information

Do you require Alternate accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which option do you prefer? <input type="checkbox"/> Hostel <input type="checkbox"/> YWCA <input type="checkbox"/> Apartment Rental			From (D/M/Y)	To (D/M/Y)
<i>For homestay only:</i>					
Do you require homestay? <input type="checkbox"/> Yes <input type="checkbox"/> No	When do you wish to stay at your homestay? From (D/M/Y)				To (D/M/Y)
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you like? <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> No pets	What are your favourite foods?			
Are there any foods that you cannot eat?	Do you have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain			
What are your homestay preferences?	<input type="checkbox"/> Family with teenagers	<input type="checkbox"/> Family with young children	Type of homestay preferred? <input type="checkbox"/> Independent <input type="checkbox"/> Family-oriented		
	<input type="checkbox"/> Adult home with no children	<input type="checkbox"/> Any of the above			

Flight Information

Would you like airport pick-up? Yes No Drop-off? Yes No

Please provide flight information at least 14 days prior to arrival in Vancouver & check conditions on your Study Confirmation

Airline	Flight Number	Arrival Date (D/M/Y)	Arrival Time (am/pm)
---------	---------------	----------------------	----------------------

Payment Information

Your application cannot be processed until registration & placement fees are received. Full fees must be paid 30 days before classes begin, or your program may be cancelled. All registration/placement fees and Dormitory Residence Fees are non-refundable.

A Courier fee of \$75 minimum is charged if the Letter of Acceptance is required by Courier

	Study	Practicum	Homestay	Alternate Accommodation	Pickup/Dropoff
Number of Weeks:	_____	_____	_____	_____	_____
Registration/Placement Fee:	\$100	\$1000	\$200	\$200	\$75 / \$75
Tuition/Fees:	N/A				
Total:	_____	_____	_____	_____	_____

I will now pay \$ _____ CDN by:

- Bank Transfer Money Order/Bank Cheque
 Visa MasterCard American Express

Cardholder's Name _____

Cardholder's Signature _____

Card Number _____

Card Expiry _____ / _____

See payment instructions.

A 5% fee will be added to all credit card payments for bank charges.

All information provided is correct and I accept all CSLI terms and conditions.

Student Signature: _____

Date: _____

Accepted (CSLI): _____