

Application for any program

Email or Fax forms to register.esl@usask.ca (1.306.966.4356)

A. IMPORTANT INFORMATION ON POLICIES AND PROCEDURES

- 1. APPLICATION PACKAGE: Complete all 3 pages. 1. Program Application (1 page) 2. Personal Profile (2 pages)
- 2. COMMITMENT & PAYMENT DEADLINE: By this date you must CONFIRM your registration and make required payments...OR...CANCEL your registration...OR...
 REQUEST DEFERRAL to the next term.

| FAILURE TO COMMUNICATE | | ration will b | e can | celled and you will fo | rfeit | the Tuitior | n Deposit | for your first term o | f stud | ly and the Ho | using Pla | icement Fee. | |
|---|---------------------------------------|---------------|---|---|------------------------------|---|---------------------------------|---|--|---------------|-----------|--------------|--|
| B. STUDENT INFORMAT | ION (Plea | se type or | prin | t clearly.) | | | | | | | | | |
| Female Ma | Female Male Birthdate (dd/mm/yyyy) | | | | Stud | sudent's personal email | | | | | | | |
| | | | | | | | | | | | | | |
| Family name | | | | | | First name(s) | | | | | | | |
| Student Address | | | | | | | | | | | | | |
| City | | | | | | Province or State Postal Co | | | | | ode | | |
| Country of Residence | | | | | | Country of Citizenship | | | | | | | |
| Telephone number | | | | | | Fax number | | | | | | | |
| Organization or school helping the student Name of consultant or counsellor | | | | | | Email of consultant or counsellor | | | | | | | |
| C. HOMESTAY: All new s | tudents a | re asked | to liv | ve in homestays f | or t | heir first | term o | f English study. | | | | | |
| Students who think they ha Please check the appropriat I agree to be placed in D. Programs for 2018. | e box, belo homestay | ow. | | I do not want | hor | mestay an | d will su | bmit the Homesta | y Exe | mption Forr | n. | | |
| D. Programs for 2018. Place select the program you want and ch Foundation / Advanced Bridging | | | | 7 | | | |)] [| Weeks of English Only | | | | |
| Term Dates Term Dates | | | - | | | glish Only arting Dates | | Week | 3 OI LIIG | lish Only | | | |
| Jan 3 – Mar 16, 2018 (apply by Sept 15) Mar 28 – June 8, 2018 (apply by Nov 15) May – | | | - Apr, 2018 (apply by Sept 15) - July, 2018 (apply by Nov 15) - Dec 7, 2018 (apply by May 20) | | | Jan 3 (apply by Sept 15) Mar 28 (apply by Nov 15) June 20 (apply by Mar 1) Sept 26 (apply by June 1) | | | 4 weeks 7 weeks 5 weeks 8 weeks 6 weeks 9 weeks * Students who want to qualify to enter the University of Saskatchewan must apply for the Foundation/Advanced program. | | | | |
| E. ACADEMIC PROGRAM | AS AT THE | UNIVERS | ITY (| OF SASKATCHEWA | _ \N. [| Please ma | ark vou | r situation. | <u> </u> | | | | |
| Bachelor Degree Progran Graduate Degree Progran | n I | have appli | | I will apply : | | | | | not | plan to appl | у | | |
| F. PAYMENT INFORMAT | ION Place | e check v | our ir | ntended navment | me | thod | | | | | | | |
| Place a checkmark beside e English Application Fe Tuition Deposit for one | ach payme e: \$150 e term: \$40 | nt. 0 | our ii | l want to p me the lin | oay l k l c | by credit c an use to | make m | A or MASTERCARD y payment securely | у. | | | early on the | |
| Tuition Deposit for two | | | | payment University Royal Ban 154-1st Av | oape of S k of venu | ers. Saskatchev Canada, N ue South, S | wan Lan Main Bra Saskatoo | guage Centre nch on, SK, Canada S7K | 1K2 | Code: ROYC | | | |
| TOTAL FIRST PAYMENT | | |] | Student's name | | | | | | | | | |

^{*}By placing my name in this "AUTHORIZATION" space, I confirm that I have completed this application and understand the requirements.

PERSONAL PROFILE FORM

TO BE COMPLETED BY ALL APPLICANTS

| A. PERSONAL INFORMATION | | | | | | | | |
|---|----------------------------|--|---|--|--|--|--|--|
| Student's first term of study January–March | March–June | June-August | September–December | | | | | |
| Family name | | First name | | | | | | |
| Female Male Birthdate (dd/mm/yyyy) | S | tudent's personal email | | | | | | |
| Name you want to be called | Country of Residence | | First Language | | | | | |
| EMERGENCIES: Who should we contact, in your ho | me country, if you have a | serious problem or emerg | gency? | | | | | |
| Family name | | First name | | | | | | |
| Street Address | | | | | | | | |
| City | Province/State | | Postal Code | | | | | |
| Country Email | | | | | | | | |
| Home Phone | | Mobile Phone | | | | | | |
| B. SMOKING | | | | | | | | |
| IN CANADA IT IS NOT LEGAL TO SMOKE IN PUBLIC BUILDINGS. IN ADDITION, SMOKING IS NOT NORMALLY PERMITTED IN PRIVATE HOMES OR STUDENT RESIDENCES. STUDENTS WHO VIOLATE THIS IMPORTANT RULE WILL BE REMOVED FROM THEIR HOUSING PLACEMENT IMMEDIATELY. Do you smoke? Yes No | | | | | | | | |
| C. PERSONAL HISTORY AND INTERESTS | | | | | | | | |
| I have brothers or sisters (how many of each?) | | | | | | | | |
| I speak the following additional languages: | | | | | | | | |
| I have visited the following countries: | | | | | | | | |
| I enjoy the following personal interests, activities or hobbies: | | | | | | | | |
| D. HEALTH MATTERS | | | | | | | | |
| | | | | | | | | |
| Do you have any special medical conditions? Please list them. | | | | | | | | |
| | | | | | | | | |
| Are there foods you cannot eat? Please list them. | | Do you have any allergies? Please list them. | | | | | | |
| E. PREFERRED CHARACTERISTICS OF A HOMES | STAY FAMILY. (Please I | ist even if requesting ex | emption.) | | | | | |
| This information will be used to place the student wi Early application is an advantage. | th a suitable family, thou | igh it is not always possible | to provide a match for ALL preferences. | | | | | |
| No children Young children No preference (children) | | | | | | | | |
| No pets Cats OK Dogs OK No preference (pets) | | | | | | | | |

Other important considerations:

F. STUDENT COMMITMENT

Authorization:

| Please answer the following questions explaining the thoughts about living with a Canadian family. Please use your own ideas. This is not a test. |
|---|
| I. Why do you want to live with a Canadian family? |
| 2. How will living in a homestay help you? How will you help your homestay family or roommates? |
| |
| G. DECLARATION OF APPLICANT Place your initials in each box below to show that you understand the terms and agree to follow them. |
| Tace your fillinas in each box below to show that you understand the terms and agree to follow them. |
| The information given above is true and complete. |
| I understand that the Housing Placement Fee is \$275, that it is non-refundable and that payment is not needed until the Final Payment Deadline. By that Deadline I must pay: (1)Housing Placement Fee (\$275), (2) the Housing Damage Deposit (\$675—must be paid by Visa or MasterCard); and, (3) either the Homestay Occupancy Fee (\$2,050) or the Residence Occupancy Fee as instructed by the Housing Office. The Damage Deposit will be held in trust and can be refunded if there are no damages resulting from my occupancy. However, if I am responsible for damages to property the Damage Deposit will not be refunded but will be used to pay for repairs. |
| The Housing Placement Fee will be refunded only if Canadian authorities reject my visa application. |
| After arriving I must sign a Homestay Contract committing me to my placement for 73 days. Any days of homestay occupancy beyond the contract term will be charged at a rate of \$26 per day payable directly to the homestay family. |
| I will participate in all required orientation and information sessions. |
| The USLC is not responsible for problems that might occur if I give incomplete or false information about my health or diet concerns. |
| I will comply with all rules and regulations of the Language Centre, present and future. |
| I understand that, under Canadian laws, the owner of a home or residence is not responsible for the security of the personal property of a tenan |
| The Homestay Contract is available at: http://uslcstudent.usask.ca/housing/homestay.php |
| If I want to end my homestay before the end of the contract term I must pay a money penalty. |
| According to Canadian law, the Homestay family may ask me to pay an additional deposit for keys or services such as telephone or internet. |
| |

Date (dd/mm/yyyy)

^{*} By placing my name in this "AUTHORIZATION" space, I confirm that I agree to follow the conditions stated in the Personal Profile.