Intensive Language Programs

To apply for admission to the Intensive English or the Intensive French programs, please complete this form and return it with the required supporting documents to the address indicated on the back of this pamphlet or to speed up the receipt and processing of your application, use our online application form at http://www.mcgill.ca/scs-iel
ADMISSION REQUIREMENTS AND PROCEDURES

Applicants must be at least 18 years of age and are required to submit their application and include the required documents and fees outlined below.

1. SUPPORTING DOCUMENTS

**Canadian Citizens and Permanent Residents**
One of the following:
- Photocopy of Canadian birth certificate
- Canadian Citizenship card (both sides)
- Permanent Resident Card (both sides) and Record of Landing (IMM 1000 or IMM 5292)

**International Students**
- Photocopy of valid passport

2. APPLICATION
Application fee (non refundable).

3. TUITION FEE (for at least one session)

4. MANDATORY MEDICAL INSURANCE PREMIUM
for international students:
- 1 session minimum or 1 year (CAQ and Study permit)
*Refer to Medical Insurance section of this form

5. PROOF OF COMPLETION OF SECONDARY EDUCATION OR EQUIVALENT

FORM OF PAYMENT
Applications must be accompanied by an acceptable form of payment. The $80 application fee (non-refundable) as well as the tuition and Blue Cross mandatory insurance can be paid by credit card, certified cheque, or money order, payable to McGill University in Canadian or U.S. funds. Please complete the form of payment section of the application form. Cash or personal cheques are not accepted.

CANADIAN CITIZENS AND PERMANENT RESIDENTS
All applicants must submit identification as proof of Canadian citizenship or permanent resident status to be eligible for Canadian fees. This proof can take the form of a photocopy of a Canadian Birth certificate, Canadian Citizenship Card, Quebec birth certificate issued by the Registrar of Civil Status or Record of Landing (IMM 1000/ IMM 5292). Applicants who do not submit one of these documents will be assessed international student fees.

INTERNATIONAL STUDENTS

STUDYING IN QUEBEC FOR LESS THAN 6 MONTHS
If you have been accepted to a program of study that will be completed in less than 6 consecutive months, you have the option of studying without a Certificate of Acceptance of Quebec (CAQ) and Study Permit. However, a CAQ and Study Permit are required if you wish to study for more than 6 months.
If you choose to study for less than 6 months without a CAQ and Study Permit, you must provide our office with a photocopy of your passport, including the entry stamp you received from Immigration Canada at your port of entry. Depending on the requirements set forth by Immigration Canada for your country, you may require a visitor’s record. Please consult the immigration website for information concerning your situation.

If you begin your studies without a CAQ and Study Permit and decide to continue your studies in the following session, you must apply for a CAQ and Study Permit at least two months before the beginning of the next session. Please note that you cannot obtain a Study Permit from within Canada.

*We are not responsible for students who do not obtain their CAQ and Study permit on time.

STUDYING IN QUEBEC FOR MORE THAN 6 MONTHS – OBTAINING YOUR CAQ AND STUDY PERMIT

Applicants who are planning to study for more than 6 months are required to obtain a Quebec Acceptance Certificate (C.A.Q.) and a Study Permit. The first application for these documents must be made before arriving in Canada.

In order to apply for these documents, applicants MUST have a Letter of Acceptance for one year. To obtain such a letter, applicants must indicate on the application form, that they plan to attend for one full year. A Letter of Acceptance will then be issued for one year—providing the student pays for one year of medical insurance.

Accepted applicants who have applied for one year are issued three original letters of acceptance only. One original is for the student, the second is for Immigration Quebec (CAQ application) and the third is for Immigration Canada to apply for a study permit. Students must begin by applying for the Quebec Acceptance Certificate (C.A.Q.) at the Immigration Quebec office in Montreal. The application form as well as a guide on how to apply is available online at http://www.immigration-quebec.gouv.qc.ca

Allow at least 4-6 weeks to complete the application process for a C.A.Q. Immigration Quebec officials will notify the Canadian Embassy or consulate closest to the student when the C.A.Q. has been approved or it may be mailed directly to the applicant. The applicant must then visit the Canadian Embassy and apply for a Study Permit.

Study permit applications can take up to 6 months depending on where the applications are submitted.

CONTACT INFORMATION

Immigration Quebec: http://www.immigration-quebec.gouv.qc.ca
Citizenship and Immigration Canada: www.cic.gc.ca

MEDICAL INSURANCE

During the application process students must purchase medical insurance for the entire duration of their studies. All international students are required to participate in the McGill health plan, which meets the health insurance requirements of Immigration Quebec.
PROCESSING YOUR APPLICATION

The admission process takes approximately 2-4 weeks once we have received all required supporting documentation, application fee, tuition fee payment for at least one session and mandatory medical insurance — if applicable. A Letter of Acceptance is then sent to you by regular mail, including information regarding your scheduled Placement Test.

PLACEMENT TEST

All applicants accepted to an Intensive Language Program are required to write a placement test scheduled at least one week prior to the start of classes. This placement test will determine the level at which students will commence the program. Applicants who do not write the test on the scheduled date indicated on the Letter of Acceptance will lose their place in the course.

*Simplify your application by applying via the Web!

You can speed up the receipt and processing of your application by using our on-line application form at: http://www.mcgill.ca/scs-iel

If you cannot apply on-line, complete the paper application form and submit it with all the required supporting documents to the address below.

MAILING ADDRESS:
MCGILL UNIVERSITY
SCHOOL OF CONTINUING STUDIES
Student Affairs Office –
Special Intensive Programs
688 Sherbrooke Street West, Suite 1199
Montreal QC H3A 3R1
Telephone: 514-398-6200
Fax: 514-398-2650
E-mail: intensivelanguage.conted@mcgill.ca
Website: www.mcgill.ca/eflp
**APPLICATION FORM**

The application fee of $80 Canadian or US funds is non-refundable. This application must be submitted with your payment in full—including application, tuition and mandatory Blue Cross insurance fees (single coverage) for at least one session. Payment must be made by certified cheque, money order (payable to McGill University) or by credit card.

Please complete all sections of this application including the *form of payment* section. Your application cannot be processed if all fields are not completed in full.

---

**Previous McGill Studies:** Have you ever registered at McGill, including Continuing Education and Summer Session courses?

- [ ] Yes  
- [ ] No  

If yes, McGill ID Number: ____________

Legal name of applicant:  
- [ ] Mr.  
- [ ] Mrs.  
- [ ] Ms.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name</th>
<th>Former Legal (First/Last) Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of birth: 19 ___/___/___  
- [ ] Male  
- [ ] Female

Canadian Social Insurance Number (optional): ____________

Program applying to:  
- [ ] Intensive English  
- [ ] Intensive French

Term applying to:  
- [ ] Fall 2013  
- [ ] Winter 2014  
- [ ] Summer 2014  
- [ ] Fall 2014

Please specify how long you plan to attend:  
- [ ] One term  
- [ ] Full Year

Highest Level of Education: What is your highest level of education (completed or in progress) prior to registering at McGill?

- [ ] High school diploma  
- [ ] Bachelor’s degree  
- [ ] Master’s degree or Ph.D.

- [ ] Other: ____________

Are you a Canadian Citizen or a Permanent Resident of Canada?  
- [ ] Yes  
- [ ] No

**Mailing address, phone and fax number**

*PLEASE NOTE: This address shows on your letter of acceptance*  

Address valid until: ___/___/___

- [ ] Yes

<table>
<thead>
<tr>
<th>No.</th>
<th>Street</th>
<th>Apartment No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Province/State</th>
<th>Country</th>
<th>Postal/Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Phone Number</th>
<th>Extension</th>
<th>International Access Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Cell Phone Number</th>
<th>Area Code</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Permanent address, phone and fax number**

(If different from above)

<table>
<thead>
<tr>
<th>No.</th>
<th>Street</th>
<th>Apartment No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Province/State</th>
<th>Country</th>
<th>Postal/Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Phone Number</th>
<th>Extension</th>
<th>International Access Code</th>
<th>Area Code</th>
<th>Cell Phone Number</th>
<th>Area Code</th>
<th>Fax Number</th>
</tr>
</thead>
</table>

**E-mail address:**

Please print your e-mail address CLEARLY. This email will be used to contact you concerning your application. This information could include notification of missing documents as well as the admission decision itself. Please be sure to check your e-mail in-box regularly.

**Place of birth:**

<table>
<thead>
<tr>
<th>Country</th>
<th>Province/State</th>
<th>City</th>
</tr>
</thead>
</table>

**Country of citizenship:**

If you are not a Canadian citizen, please specify your current or anticipated immigration status in Canada:

- [ ] Permanent Resident of Canada
- [ ] Native Status
- [ ] Student Authorization
- [ ] Employment Authorization
- [ ] Refugee Status
- [ ] Diplomatic Visa
- [ ] Minister’s Permit
- [ ] Visitor’s Permit
- [ ] Other (specify)

If you hold dual citizenship, please specify other citizenship:

**First Language** (or mother tongue):

**Language spoken at permanent residence:**

**Permanent Code** (If M.E.L.S. has issued one):

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

**Father’s name** (Last name/First name):

**Mother’s name at birth** (Last name/First name):

**Previous McGill Applications: Have you applied to McGill in the past?**

- [ ] Yes
- [ ] No

If yes, specify year: ____________

Program: ____________

**Have you registered for an intensive language program at McGill within the last year?**

- [ ] Yes
- [ ] No

**If you are not a Canadian citizen or Permanent Resident, please select your Blue Cross option:**

- [ ] Single
- [ ] One dependant
- [ ] More than one dependant

**ACCESS TO PERSONAL INFORMATION**

Personal information is protected in the Province of Quebec by the Act Respecting Access to Documents held by Public Bodies and the Protection of Personal Information (the “Access Act”). The provisions of this statute are such that McGill University cannot release to anyone but yourself information on you or contained in your file unless you have authorized the release. Unless permitted by the Act, and in very specific circumstances, other persons or organizations can obtain information pertaining to you only if you have provided McGill University your explicit authorization that specifies both to whom information may be given and the type of information that may be released. You may oppose the release of information by completing an opposition form at the Admissions, Recruitment and Registrar’s Office.
**AUTHORIZATION, ACKNOWLEDGEMENT AND CONSENT:**
If you wish others to make enquiries on your behalf concerning the status of your application, name these individuals below. This will authorize McGill to release application status information to these individuals ONLY. This does NOT include issuance of admission letters.

First name: ___________  Last name: ___________  Relationship to you: ___________

First name: ___________  Last name: ___________  Relationship to you: ___________

**Institution Presently Attending or Last Attended** (Mandatory—All fields required):

<table>
<thead>
<tr>
<th>Name of Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Institution</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Province/State</th>
<th>Country</th>
<th>Postal/Zip Code</th>
<th>Degree/Diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dates attended:** From [ ] [ ] [ ] [ ] To [ ] [ ] [ ] [ ]

- Graduated, or Expected to Graduate [ ] [ ] [ ]

**Previous Institutions Attended—Secondary / High School** (Mandatory)

<table>
<thead>
<tr>
<th>Name of Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Institution</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Province/State</th>
<th>Country</th>
<th>Postal/Zip Code</th>
<th>Degree/Diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dates attended:** From [ ] [ ] [ ] [ ] To [ ] [ ] [ ] [ ]

- Graduated, or Expected to Graduate [ ] [ ] [ ]

**Previous Institutions Attended—CEGEP or University** (If applicable)

<table>
<thead>
<tr>
<th>Name of Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Institution</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Province/State</th>
<th>Country</th>
<th>Postal/Zip Code</th>
<th>Degree/Diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dates attended:** From [ ] [ ] [ ] [ ] To [ ] [ ] [ ] [ ]

- Graduated, or Expected to Graduate [ ] [ ] [ ]
I hereby authorize the University:

• to verify information with the institutions where I have studied;
• to provide the Quebec Ministry of Education with information to create and/or validate my Permanent Code;
• in the case of Quebec students, to obtain my CEGEP transcript and to transmit information for the production of statistics;
• to verify any information or statement forwarded as part of my application, the University may at its own discretion, revoke an admission granted based on incorrect or untrue information submitted.

I authorize the University to release information it has gathered to the following bodies upon request in the exercise of their mission: the students’ associations recognized by McGill University and of which I am a member; The Graduates’ Society of McGill University (The McGill Alumni Association); the school(s) or college(s) that I have attended; the appropriate authorities involved with external or internal funding; the professional bodies or corporations (e.g. engineers, dentists); the Association of Universities and Colleges of Canada; the Conférence des recteurs et des principaux des universités du Québec.

I hereby acknowledge that I am bound to and undertake the statutes, rules, regulations and policies in place from time to time at McGill University and of the Faculty or Faculties in which I am registered, including those policies contained in the University calendars and other official documents. I understand that my obligations as a student commence with my registration and terminate in accordance with the University statutes, regulations and policies. I certify that the information submitted on my application form is complete and correct at the time of submission, including my declaration of citizenship and the possibility to be charged Canadian fees. Furthermore, I understand that my admission or registration in courses at the University may be rescinded due to inaccuracy of any information provided. I recognize that a McGill student identity card is required for access to services and examinations. I understand that my likeness and signature will be captured in order to produce the card and stored for subsequent identification. I am aware of those provisions of Quebec Law concerning the protection of personal information including the right to correct my record and agree to the release of nominative information as indicated at the bottom of the form. This agreement is governed by the laws of the Province of Quebec.

CANCELLATION POLICY: To cancel or defer your session, we must receive a written request before the end of the third day of classes. In such cases, we will refund the tuition fee as well as the medical insurance fee, if applicable, minus a cancellation charge of $200 Canadian. Refund cheques are mailed within 4-6 weeks. If you have paid by credit card, the amount will be credited to your credit card account.
**FORM OF PAYMENT:**

<table>
<thead>
<tr>
<th></th>
<th>Certification Cheque</th>
<th>Money Order</th>
<th>Application Fee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debit Card</td>
<td></td>
<td>Bank Draft</td>
<td>Medical Insurance Fee:</td>
</tr>
<tr>
<td>Credit Card (enter information below)</td>
<td></td>
<td></td>
<td>Tuition Fee:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total:</td>
</tr>
</tbody>
</table>

**CREDIT CARD AUTHORIZATION:**

I, ________________________________, authorize the McGill School of Continuing Studies to charge $________.00 CDN to my credit card for the applicable fees for the Intensive Language and Culture Program specified to the right.

Program:  
- French Year: _____  
- English Year: _____

Session:  
- Fall (1st session)  
- Winter (1st session)  
- Summer (1st session)  
- Fall (2nd session)  
- Winter (2nd session)  
- Summer (2nd session)

Card Type:  
- Visa  
- MasterCard  
- American Express

Cardholder's Name (please print): ____________________________

Card Number: ______/______/______/______  Expiry date: ______/______

Cardholder's Signature: ____________________________

Contact Number / Email Address: ____________________________