# APPLICATION FORM

**Intensive English Language for Academic Studies**

**8-week IELAS program**

**Waterloo Campus**

July 2, 2019 – August 23, 2019

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**Total Fees** (must be attached/included with this application)
- □ International- $5,499.49 CDN
- □ Permanent/Cdn Resident - $1,666.65 CDN

*Make Bank Draft/Certified Cheque payable to: CONESTOGA COLLEGE*

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**Completed Application Form can be:**
- ▶ Sent by Registered Mail or Courier delivery, (ie: FedEx)
- ▶ Email scanned copies,

Submit with full payment to:

**ATTN: Liliana Pereira Melo**

**CONESTOGA COLLEGE – DOON CAMPUS**

299 Doon Valley Drive

Kitchener, ON CANADA N2G 4M4

Phone: 519-748-5220 ext. 3751

Email: lpereiramel@conestogac.on.ca

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**Attach copies of your:**
- ○ English Language Test Score (TOEFL, IELTS, etc.)
- ○ Student VISA, Passport

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**NOTE:** Please bring your Passport on the first day of IELAS classes – July 2, 2019

**Name and Date of Birth**

(please Print Clearly)

- □ Mr.
- □ Mrs.
- □ Ms.
- □ Miss

<table>
<thead>
<tr>
<th>Last Name (Surname or Family Name)</th>
<th>First (Given) Name(s)</th>
<th>(Preferred first) Name</th>
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**Date of Birth:**

- Year
- Month
- Day

**Mailing Address and Communication**

<table>
<thead>
<tr>
<th>Street No#/ Street Name</th>
<th>Apartment No# / Post Office Box No#</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>Province/State</th>
<th>Postal Code</th>
<th>Country</th>
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<tr>
<th>Phone: Area Code + Number</th>
<th>Cell: Area Code + Number</th>
<th>E-Mail:</th>
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**Status in Canada**

- □ Canadian Citizen
- □ Permanent Resident
- □ Student Authorization
- □ Visitor

*(Student Visa – attach a copy of your current authorization)*

**Country of Citizenship**

**First Language**

- □ English
- □ Other

**University of Waterloo Student ID:**

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**Signature of Applicant**

**Date**
## Application Form

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### Office Use Only:

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>UW ID#</th>
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</table>

Payment Received: Date:

### To Be Completed by Applicant:

**Method of Payment**

- [ ] Certified Cheque / Bank Draft
- [ ] VISA
- [ ] MasterCard

Payable to: CONESTOGA COLLEGE

**Credit Card Information (Please Print Clearly)**

<table>
<thead>
<tr>
<th>Cardholder’s First Name</th>
<th>Last Name</th>
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Card No#:

Credit Card Validation Code:

(Three numbers found on the back of the card)

Credit Card Expiry: Month: Year:

Amount to Be Charged: $____________________

Cardholder’s Signature: ____________________________

Note: All payment details held in strict confidentiality