

**ELCP + CONDITIONAL APPLICATION TO UNDERGRADUATE STUDIES**

This application package is intended for international students seeking admission to both the English Language Certificate Program and Undergraduate degree studies at the University of Guelph.

**Application Checklist**

Please submit the following documents as your application package:

- Application for International Students (Undergraduate Admission)
- International Student Admissions Student Information Release Form
- Declaration of Activity during Gaps in Education
- English Language Certificate Program Application Form
- Academic transcripts
  - High school
  - Post-secondary (if applicable)
- Scan of your Passport Identity pages
- Head and Shoulders Photo (digital format)
- Credit Card Payment Form (Undergraduate application fee)
- ELCP Application fee payment

We are unable to process an application until we receive a complete application package.

Please note that additional information may be requested to complete your application.

Please submit application to [esl@uoguelph.ca](mailto:esl@uoguelph.ca).

# INTERNATIONAL STUDENT ADMISSIONS STUDENT INFORMATION RELEASE FORM

**PLEASE PRINT CLEARLY**

Student  Male  Female

First Name	Last Name
Address	City
Country	Postal Code
Telephone	Email
Date of Birth (Month/Day/Year)	University of Guelph Student ID Number (if available)

Person to whom release of information is authorized:

<input type="checkbox"/> <b>My Agent</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> <b>Other</b> <input type="checkbox"/> Male <input type="checkbox"/> Female																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Agent First Name</td> <td style="width: 50%; border-bottom: 1px solid black;">Last Name</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Company Name</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Address</td> </tr> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">Country</td> <td style="width: 33%; border-bottom: 1px solid black;">Postal Code</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Telephone</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Email Address</td> </tr> </table>	Agent First Name	Last Name	Company Name		Address		City	Country	Postal Code	Telephone		Email Address		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">First Name</td> <td style="width: 50%; border-bottom: 1px solid black;">Last Name</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Address</td> </tr> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">Country</td> <td style="width: 33%; border-bottom: 1px solid black;">Postal Code</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Telephone</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Email Address</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Relationship to student</td> </tr> </table>	First Name	Last Name	Address		City	Country	Postal Code	Telephone		Email Address		Relationship to student	
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I hereby authorize the individual(s) identified on this document to act on my behalf in all matters concerning my application for admission to the University of Guelph. University of Guelph is subject to the provisions contained within the Province of Ontario's Freedom of Information and Protection of Privacy Act. As such, University of Guelph has the obligation to inform you about the collection and use of your personal information. By completing this Student Information Release Form, you are authorizing University of Guelph to release your personal information to the person(s) you have authorized to act on your behalf concerning your application for admission to University of Guelph, including, if necessary, all international admission matters. Your signature on this form confirms your acknowledgement and understanding of notification. University of Guelph assumes no responsibility or liability for the use of your personal information by those you have authorized. For further information email: [esl@uoguelph.ca](mailto:esl@uoguelph.ca).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, Country

# DECLARATION OF ACTIVITY DURING GAPS IN EDUCATION

Name: \_\_\_\_\_

Date of completion of Secondary School: \_\_\_\_\_

Projected start date of English Study at University of Guelph: \_\_\_\_\_

Projected start date of Academic studies at University of Guelph: \_\_\_\_\_

If there is a gap between the completion of Secondary School and the start of English studies, please list your activities during this time and the corresponding dates. (e.g. work, travel, university, study, English classes, care for family.)

# ENGLISH LANGUAGE CERTIFICATE PROGRAM APPLICATION FORM

## Program Selection

English Language Certificate Program  
2016 Start Dates (please select one)

<input checked="" type="checkbox"/>	Session	Class Dates	Application Deadline
<input type="checkbox"/>	Winter A	Jan 7 – Feb 22	Nov 30, 2018
<input type="checkbox"/>	Winter B	March 4 – Apr 18	Feb 8, 2019
<input type="checkbox"/>	Summer A	May 6 – Jun 21	Apr 12, 2019
<input type="checkbox"/>	Summer B	July 2 – Aug 15	June 7, 2019
<input type="checkbox"/>	Fall A	Sept 5 – Oct 18	Aug 9, 2019
<input type="checkbox"/>	Fall B	Oct 28 – Dec 12	Oct 4, 2019

## Status in Canada

- Applying for a student visa  
 Have a student visa    Expiry Date: \_\_\_\_\_  
 Tourist/working holiday Visa    Expiry Date: \_\_\_\_\_  
 Canadian citizen or     Landed immigrant  
 Other (Please specify): \_\_\_\_\_

## Family Members

- I will enter Canada alone.  
 I will be traveling with family members Please Specify: \_\_\_\_\_

## Accommodation

**Do you require accommodation services?**

- No, I will find my own accommodation.  
 Yes, I would like information about the University of Guelph campus residence.  
 Yes, I would like to live in homestay with a Canadian family.  
 Please send me information about family housing.  
 Please send me information about accommodation options.

For information about accommodation please email Homestay at [homestay@uoquelfh.ca](mailto:homestay@uoquelfh.ca).

# English Language Proficiency

Please answer **Question 1** OR **Question 2**

**Question 1**

If applicable, please indicate your current score on one of the following English proficiency tests:

TOEFL iBT \_\_\_\_\_ IELTS \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

**Question 2**

**Association of Language Testers in Europe: Skill Level Summaries (Can-Do statements)**

Please rate yourself on the following table below.

Select one "Can Do Statement" per column that describes your ability

ALTE Level	Listening/Speaking (select one)	<input checked="" type="checkbox"/>	Reading (select one)	<input checked="" type="checkbox"/>	Writing (select one)	<input checked="" type="checkbox"/>
ALTE Level 0	CAN understand basic instructions or take part in a basic factual conversation on a predictable topic.	<input type="checkbox"/>	CAN understand basic notices, instructions or information.	<input type="checkbox"/>	CAN complete basic forms, and write notes including times, dates and places.	<input type="checkbox"/>
ALTE Level 1	CAN express simple opinions or requirements in a familiar context.	<input type="checkbox"/>	CAN understand straightforward information within a known area, such as on products and signs and simple textbooks or reports on familiar matters.	<input type="checkbox"/>	CAN complete forms and write short simple letters or postcards related to personal information.	<input type="checkbox"/>
ALTE Level 2	CAN express opinions on abstract/cultural matters in a limited way or offer advice within a known area, and understand instructions or public announcements.	<input type="checkbox"/>	CAN understand routine information and articles, and the general meaning of non-routine information within a familiar area.	<input type="checkbox"/>	CAN write letters or make notes on familiar or predictable matters.	<input type="checkbox"/>
ALTE Level 3	CAN follow or give a talk on a familiar topic or keep up a conversation on a fairly wide range of topics.	<input type="checkbox"/>	CAN scan texts for relevant information, and understand detailed instructions or advice.	<input type="checkbox"/>	CAN make notes while someone is talking or write a letter including non-standard requests.	<input type="checkbox"/>
ALTE Level 4	CAN contribute effectively to meetings and seminars within own area of work or keep up a casual conversation with a good degree of fluency, coping with abstract expressions.	<input type="checkbox"/>	CAN read quickly enough to cope with an academic course, to read the media for information or to understand non-standard correspondence.	<input type="checkbox"/>	CAN prepare/draft professional correspondence, take reasonably accurate notes in meetings or write an essay which shows an ability to communicate.	<input type="checkbox"/>
ALTE Level 5	CAN advise on or talk about complex or sensitive issues, understanding colloquial references and dealing confidently with hostile questions.	<input type="checkbox"/>	CAN understand documents, correspondence and reports, including the finer points of complex texts.	<input type="checkbox"/>	CAN write letters on any subject and full notes of meetings or seminars with good expression and accuracy.	<input type="checkbox"/>



# Application for International Students Undergraduate Admission

- Winter  
 Spring  
 Fall

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> OTHER _____ <small>SPECIFY</small>		LEGAL LAST NAME/FAMILY NAME/SURNAME		ALL LEGAL GIVEN OR FIRST NAMES	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <small>GENDER</small>		YR / MTH / DAY <small>DATE OF BIRTH</small>	<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED, <input type="checkbox"/> WIDOWED <small>MARITAL STATUS</small>	<input type="checkbox"/> MARRIED, <input type="checkbox"/> SEPARATED <small>MARITAL STATUS</small>	FAX NUMBER (COUNTRY, CITY CODES & FAX #)
MAILING ADDRESS	APT. NUMBER	NUMBER & STREET			TELEPHONE NUMBER (COUNTRY, CITY CODES & TEL. #)
	CITY	PROVINCE OR STATE	COUNTRY		POSTAL OR MAILING CODE
HOME ADDRESS <input type="checkbox"/> CHECK IF SAME AS ABOVE	APT. NUMBER	NUMBER & STREET			TELEPHONE NUMBER (COUNTRY, CITY CODES & TEL. #)
	CITY	PROVINCE OR STATE	COUNTRY		POSTAL OR MAILING CODE
E-mail					BUSINESS NUMBER (COUNTRY, CITY CODES & TEL. #)
<input type="checkbox"/> STUDENT VISA/STUDY PERMIT <input type="checkbox"/> CANADIAN CITIZEN AND PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY) _____ <small>STATUS IN CANADA</small>					<input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER _____ <small>(SPECIFY) FIRST LANGUAGE</small>
			COUNTRY OF CITIZENSHIP		

## Program Selections

DEGREE PROGRAM <b>1</b>	MAJOR
DEGREE PROGRAM <b>2</b>	MAJOR

SECONDARY SCHOOLS ATTENDED TO DATE (OR EQUIVALENT INSTITUTION)				GRADE/YEAR LEVEL	DIPLOMA AWARDED (PRINT IN FULL)
FROM:	YR	MO	SCHOOL NAME		
TO:	YR	MO	SCHOOL ADDRESS		
FROM:	YR	MO	SCHOOL NAME		
TO:	YR	MO	SCHOOL ADDRESS		

ALL POST-SECONDARY INSTITUTIONS ATTENDED OR BEING ATTENDED				YEAR LEVEL	PROGRAM	DIPLOMA/DEGREE
FROM:	YR	MO	NAME OF INSTITUTION			
TO:	YR	MO	ADDRESS OF INSTITUTION			
FROM:	YR	MO	NAME OF INSTITUTION			
TO:	YR	MO	ADDRESS OF INSTITUTION			
FROM:	YR	MO	NAME OF INSTITUTION			
TO:	YR	MO	ADDRESS OF INSTITUTION			

**IF YOU HAVE NOT BEEN ENROLLED IN SCHOOL FULL-TIME PLEASE INDICATE WHY BY DESCRIBING YOUR ACTIVITIES AND THEIR CORRESPONDING DATES ON A SEPARATE SHEET OF PAPER.**

I HEREBY CERTIFY THAT ALL STATEMENTS ARE CORRECT AND COMPLETE. I UNDERSTAND THAT I MAY HAVE TO PROVIDE DOCUMENTATION AT SOME FUTURE DATE TO SUSTANTIATE MY CLAIM AND THAT ANY MISREPRESENTATION OF THIS DATA MAY RESULT IN CANCELLATION OF MY ADMISSION OR REGISTRATION STATUS. I UNDERSTAND THAT IN THE CASE OF SUSPECTED MISREPRESENTATION OF APPLICATION INFORMATION, OTHER ACADEMIC INSTITUTIONS MAY BE CONTACTED.

I AUTHORIZE THE UNIVERSITY TO VERIFY ANY INFORMATION PROVIDED AS APART OF THIS APPLICATION AND UNDERSTAND THAT AN ADMISSION GRANTED ON THE BASIS OF THIS APPLICATION OR SUPPORTING DOCUMENTS WILL BE REVOKED IF THE INFORMATION GIVEN IS UNTRUE IN ANY MATERIAL RESPECT. I ACCEPT THAT INFORMATION ON FALSIFIED DOCUMENTS IS SHARED BETWEEN THE ASSOCIATION OF UNIVERSITIES AND COLLEGES OF CANADA AND OTHER UNIVERSITIES.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**The Application Service Fee Must Accompany this Application Form  
 Applications will not be Processed without Application Service Fee Payment**

## How did you hear about this program?

- Education Agent
- Canadian Embassy/Consulate
- Friend or Family
- Former Guelph Student Name: \_\_\_\_\_
- Website Name: \_\_\_\_\_
- Education Fair (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

## Government Sponsorship

- I currently have sponsorship from my government
- I have applied for sponsorship from my government
- I do not have sponsorship from my government

## Applicant Signature

By signing below I agree that I have read and understood the following statements:

- The ELCP is an intensive academic program for university preparation.
- The ELCP has an English only policy in classrooms, labs and activities
- The ELCP has a strict attendance policy. Students who do not attend class will be required to withdraw without refund.
- The \$150 ELCP application fee is non-refundable.
- It is my responsibility to read the Student Information posted online at [www.eslquelfh.ca](http://www.eslquelfh.ca)
- I have read and understood the current published refund policies at [www.eslquelfh.ca](http://www.eslquelfh.ca)
- I confirm that the ALTE rating is based on my own personal assessment of my ability, and not that of my agent or other persons.
- I understand that I may be required to complete pre-arrival language testing without assistance of any kind.
- I understand that I will take an English language placement test when I arrive on campus at the University of Guelph.
- I understand that if my language level is lower than that required to participate in the program, the University of Guelph also reserves the right to refuse my registration without refund of tuition paid.

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Signature of Applicant

Date

# PAYMENT FORM

## Fee Summary:

Undergraduate Application Fee	English Language Program Application Fee
<input type="checkbox"/> \$80 Secondary School/High School	<input type="checkbox"/> \$150
<input type="checkbox"/> \$160 Transfer/Advanced standing	

I hereby authorize the University of Guelph to charge \$\_\_\_\_\_ CAD as indicated above for the **undergraduate application fee** in payment for \_\_\_\_\_.  
(Name of student)

I hereby authorize the University of Guelph to charge \$150 CAD as indicated above for the **English Language Program application fee** in payment for \_\_\_\_\_.  
(Name of student)

## Credit Card Payment

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card (The University does not accept American Express)		
Card Number			
Card Expiry Date (mm/yy)		3-digit Security Code	
Card Holder Name			
Card Holder Signature			
Date			