

STUDENT'S INFORMATION	
NAME:	STUDENT #:
ADDRESS:	
CITY:	PROVINCE:
COUNTRY:	POSTAL CODE:
TELEPHONE:	

PLEASE INDICATE THE APPLICATION TERM FOR WHICH YOU ARE REQUESTING WAIVER OF THE ENGLISH LANGUAGE REQUIREMENT? PLEASE TICK ONLY ONE.
FALL (SEPTEMBER TO DECEMBER)
SPRING (JANUARY TO APRIL)
SUMMER (MAY TO AUGUST)

EDUCATION INFORMATION				
PLEASE PROVIDE US WITH A HISTORY OF YOUR SECONDARY AND POST-SECONDARY EDUCATION:				
INSTITUTION	LEVEL COMPLETED	COUNTRY	DURATION OF STUDY	LANGUAGE OF INSTRUCTION

RESIDENCY AND LANGUAGE				
PLEASE TELL US HOW LONG YOU LIVED OR WORKED IN DIFFERENT PLACES AND WHAT LANGUAGE WAS USED:				
FROM (YEAR/MONTH)	TO (YEAR/MONTH)	COUNTRY	OCCUPATION	LANGUAGE USED

YOUR GRADES		
PLEASE SUMMARIZE THE MARKS YOU RECEIVED IN YOUR STUDIES (SECONDARY, POST-SECONDARY, ESL ONLY) WHICH REQUIRED A HIGH LEVEL OF ENGLISH.(PLEASE PROVIDE SUPPORTING DOCUMENTATION)		
INSTITUTION	COURSE NAME/NUMBER	GRADE (PLEASE INDICATE IF FINAL OR INTERIM)

