

Request for Waiver of the English Language Requirement

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?

- Fall (September to December)
- Spring (January to April)
- Summer (May to August)
- Summer Session I (May/June)
- Summer Session II (July/August)

Education Information

Please provide us with a history of your secondary and post-secondary education:

Institution	Level Completed	Region/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)	Region/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)

English Language Tests

Please indicate if you have taken any English language tests.

Name of Test (TOEFL, IELTS, ELA...)	Date Taken	Overall Score

Additional Information

Please discuss any additional points that you will help us assess your English language proficiency.

Freedom of Information and Protection of Privacy

The information collected in this document as well as subsequent information placed in a student record, as per section 35 of the Freedom of information and Protection of Privacy Act of British Columbia, will be used on a confidential basis, for purposes of admission, registration, research, alumni development, student association, and other purposes consistent with the mandate of the institution.

Applicant Declaration

I hereby declare that all information I have submitted in this Request for Waiver of the English Language Requirement is true and complete and that no information has been withheld to the best of my knowledge. I understand that any omission or misrepresentation of information may result in the cancellation of my admission or registration status at Capilano University.

Your Signature _____ Date _____

Office Use Only

YES ___ NO ___ Evaluator's name _____ Date _____

Admissions Comments _____
