



1

Personal Details

<input type="text"/>		<input type="text"/>	
Family/Last Name/Surname		First Name/Given name(s), Middle Name	
<input type="text"/>		<input type="text"/>	
Full Address		Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal Code/Mailing Code	Country	Nationality	
<input type="text"/>			
E-mail			
Birthdate	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year
			Age
Gender		<input type="radio"/>	<input type="radio"/>
		Male	Female

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Agent (Study Abroad Counsellor)		Insurance Health and Accident insurance is <u>mandatory</u> for all ILI students <input type="radio"/> I will purchase health and accident insurance provided by ILI <input type="radio"/> I will provide proof of my health and accident insurance before I am admitted in my first ILI class.
<input type="text"/>		
Name		
<input type="text"/>		
Agency		
<input type="text"/>		Expected immigration status <input type="radio"/> Study Permit <input type="radio"/> Visitor Visa Working <input type="radio"/> Holiday Visa <input type="radio"/> Permanent Resident <input type="radio"/> Canadian Citizen
E-mail		
<input type="text"/>	<input type="text"/>	
Phone	City	
<input type="text"/>		

Emergency Contact	
<input type="text"/>	<input type="text"/>
Emergency Contact Name	Emergency Contact Email
<input type="text"/>	<input type="text"/>
Emergency contact phone	Emergency contact relationship
Emergency contact address	
<input type="text"/>	

2024 Start Dates

Any Mondays of the year
Jan 3, 8, 15, 22, 29
Feb 5, 12, 20, 26
Mar 4, 11, 18, 25
Apr 2, 8, 15, 22, 29
May 6, 13, 21, 27
Jun 3, 10, 17, 24
Jul 2, 8, 15, 22, 29
Aug 6, 12, 19, 26
Sep 3, 9, 16, 23
Oct 7, 15, 21, 28
Nov 4, 12, 18, 25
Dec 2, 9, 16

2024-Pathway dates

Jan 02 - Jan 26, 2024
Jan 29 - Feb 23, 2024
Feb 26 - Mar 22, 2024
Mar 25 - Apr 19, 2024
Apr 22 - May 17, 2024
May 20 - Jun 14, 2024

**2024 ILI Holidays
(*observed)**

Jan 02 *New Year's Day
Feb 19 Heritage Day
Mar 29 Good Friday
Apr 01 Easter Monday
May 20 Victoria Day
Jul 01 Canada Day
Aug 05 Natal Day
Sep 02 Labour Day
Sep 30 Truth & Reconciliation
Oct 14 Thanksgiving
Nov 11 Remembrance Day
Dec 21 Winter Break Begins

Jun 17 - Jul 12, 2024
Jul 15 - Aug 9, 2024
Aug 12 - Aug 30, 2024
Sep 03 - Sep 27, 2024
Oct 01 - Oct 25, 2024
Oct 28 - Nov 22, 2024

Start date:

Starting on _____

Total number of weeks:

Please note latest TOEFL or IELTS score:

Expected arrival date in Halifax:

dd/mm/yyyy

Host Family Accommodation

Do you want ILI to make arrangements for you to stay with a host family? Yes No

If you answered yes, please answer the following questions:

Do you smoke? Yes No

What special interests, hobbies or other points would you like us to consider when making your host family placement?

Can you be put in a Host Family with

- cat? Yes No
- dog? Yes No

Allergies

Do you have any allergies? Yes No

If yes please list what you are allergic to:

Do you have special dietary requirements? Yes No

Are you in good health? If no, please explain. Yes No

Programs

Check the program you want to take:

- ☐ General English
☐ Parents-program
☐ Pathway
☐ University preparatory
☐ Test preparation (IELTS - CELPIP -TOEFL)
☐ Tutorial

Which way: Do you want your classes

- ☐ online or
☐ in-person

Have you received a conditional offer of admission from a Canadian university or college Yes No

If yes, please check the university below and attach a copy of your conditional offer with this application.

- ☐ Acadia University ☐ NSCC
☐ Lakehead University ☐ NSCECE
☐ Maritime Business College ☐ Saint Mary's University
☐ Mount Allison University ☐ St Francis Xavier University
☐ Mount Saint Vincent University ☐ University of Prince Edward Island
☐ NSCAD
☐ Other: _____

If no, please fill the information below: **Intended**

Institution/Program Institution :

Program #1:

Intended Start Date:

Program #2:

Intended Start Date:

Program #3:

Intended Start Date:

Student Application Contract

In submitting this application I understand and agree that:

1. Registration constitutes an agreement that ILI will provide a program of instruction, that I will follow that program for the period covered by my paid tuition, and that I will abide by the policies as stated in the ILI Student Handbook and the website.
2. Any request to change this agreement must be made in writing at least two weeks before any affected semester.

☐ By checking the box and signing this application, **I confirm that I have read and agreed to the Registration Information and all the ILI Terms and Conditions** found on the website(<https://www.ili.ca/termsandconditions>), **the Refund Policy found on the website** (<https://ili.ca/refund-policy/>), **and in the Student Handbook.** (<https://ili.ca/StudentHandbook.pdf>)

Signature of Applicant

Day

Month

Year

8 Methods of Payment

In order to process your application we require an application fee that is not refundable. Please select your payment method below. The total charge is \$175 CAD plus fee of selected item(s) on application cover.

☐ VISA

☐ Mastercard

Cardholder's name exactly as shown on card

Card number

Expiry Month

Expiry Year

CVV/CVC number**

Signature

**What is CVV or CVC number? It is a 3-digit number printed on the back of your card Visa or Master Card.

