UNIVERSITÉ LAVAL | Bureau du registraire

École de langues (ÉLUL)
Pavillon Charles-De Koninck
1030, av. des Sciences-Humaines, local 2301
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CANADA

T 418 656-2321
Sans frais :
1 877 606-1122, poste 402321
elul@elul.ulaval.ca
elul.ulaval.ca

APPLICATION FOR ADMISSION
FRANÇAIS LANGUE ÉTRANGÈRE

Please save this form on your computer and then complete it with Acrobat Reader. **Do not complete directly in your browser.**

ELUL NRC | | | | | |
☐ Printemps ☐ Été

1 Please write for which term you wish to submit an admission application : ☐ Winter 20_____ ☐ Summer 20_____ ☐ Fall 20_____

Write your Student ID Number (if known) : | | | | | | | | |

SECTEUR

_____

ADMISSION PROFILE

Personal data

2 FIRST NAME

LAST NAME

DATE OF BIRTH (YYYY-MM-DD)

QUEBEC GOVERNMENT PERMANENT CODE (IF KNOWN)

GENDER ☐ Female ☐ Male

3 MOTHER TONGUE ☐ French ☐ English ☐ Other

4 LANGUAGE SPOKEN AT HOME ☐ French ☐ English ☐ Other

5 COUNTRY OF BIRTH

PROVINCE/STATE OF BIRTH

CITY OF BIRTH

6 I am a member of Canadian First Nations, Métis or Inuit : ☐ Yes ☐ No
Please specify: ☐ First Nations (Indian status) ☐ Métis ☐ Inuit

Contact details

Personal address

7 ADDRESS

COUNTRY

PROVINCE/STATE

CITY

POSTAL CODE

Telephone

8 COUNTRY OF THE PHONE NUMBER

PHONE NUMBER

EXTENTION

Personal e-mail address (Mandatory for the treatment of an admission application)

9 E-MAIL

Names of parents

10 FIRST PARENT ☐ Mother ☐ Father

FIRST NAME

LAST NAME AT BIRTH

SECOND PARENT ☐ Mother ☐ Father

FIRST NAME

LAST NAME AT BIRTH

ADDITIONAL INFORMATION

Legal status

11 Current legal status in Canada : ☐ Canadian citizen born in Canada ☐ Permanent resident in Canada ☐ Foreign ☐ Canadian citizen born outside Canada

Pre-university studies

12 I did all my *elementary* studies in French : ☐ Yes ☐ No   I did all my *secondary* studies in French : ☐ Yes ☐ No

13 I obtained at least or I will obtain :
  A. a Diploma of College Studies (DCS) issued by the government of Québec : ☐ Yes ☐ No
  B. a pre-university studies diploma issued outside of the province of Québec or Canada : ☐ Yes ☐ No

University studies

14 I am studying or I have studied :

A. at Université Laval : ☐ Yes ☐ No

B. in a Québec university other than Université Laval : ☐ Yes ☐ No

C. in a univesity outside of the province of Québec or Canada : ☐ Yes ☐ No

I started my university studies on :

DATE (YYYY-MM-DD)

15 I completed 12 university credits or more, except for language courses or qualifying courses (pre-university courses) : ☐ Yes ☐ No

Choice of study program

16 CHOICE OF PROGRAM

Programme spécial de français

Programme	Majeure
PS FLP	**FLE**

COLLECTION OF PERSONAL INFORMATION

17 Université Laval collects your information to **evaluate your admission application**.

All information is mandatory unless otherwise indicated.

To that end, we **exchange your information** with the Bureau de coopération interuniversitaire and the Ministère de l'Enseignement supérieur (or any other Québec ministry responsible for higher education). If you accept an offer for a limited enrolment program, we will also check whether you have accepted offers for limited enrolment programs at other universities in Quebec.

We may contact you regarding your application or to invite you to respond to an offer of admission.

If you are not a Canadian citizen, we may exchange information with the following organizations to confirm your status:

- Ministère de l'Immigration, de la Francisation et de l'Intégration (or any other Québec ministry responsible for immigration)
- Immigration, Refugees and Citizenship Canada (or any other federal department responsible for immigration)

If you receive an offer of admission, we will use your information to:

- manage your academic path
- offer you services related to your student status

For more information on the collection and disclosure of your information, visit the Registrar's Office website (in French only).

To access or correct your information, contact the Registrar's Office (contact information in French only).

To learn more about the protection of your personal information, please refer to our privacy policy.

Attestation

☐ I certify that the information I have provided is accurate, complete, and compliant, and that I have read the above conditions of use.

SIGNATURE

DATE (YYYY-MM-DD)

RESERVED FOR ADMINISTRATION

MONTANT À PAYER

PAIEMENT

☐ Complet ☐ Incomplet ☐ Exemption

ANALYSE DU DOSSIER

☐ En attente du paiement complet ☐ À analyser immédiatement

PAR (INITIALES DE L'AGENTE)

DATE (DATE DE CODIFICATION)