**Summer French**

**immersion program**

CONFIDENTIAL

**Application Form**

**DATE : Click here for enter the date.**

**LAST NAME(S) : **

**FIRST NAME(S) : **

**GENDER :** [ ]  **Male** [ ]  **Female**

**STATUS :** [ ]  **Teacher** [ ]  **Student**

**COMPLETED ADDRESS:**

 ****

**PHONE NUMBER**

**Home :  Mobile : **

**E-Mail : **

**DATE OF BIRTH :  LANGUAGE :** Select

 **(yy/mm/dd)**

**STUDY PROGRAM :  FRENCH LEVEL :** Select

**PASSPORT :**

**Nationality on your passport  Expiration date **

 **(yy/mm/dd)**

**REFERRED BY : **

[ ]  **I know I have to provide insurance coverage in case of illness, accident or hospitalization for the duration of my stay in Quebec.**

**INFORMATION ABOUT YOUR HOME SCHOOL**

**YOUR SCHOOL NAME  : **

**YOUR SCHOOL ADDRESS : **

 ****

**CONTACT PERSON AT YOUR SCHOOL : **

**PHONE NUMBER : **

**PAYMENT**

**(Provide postal delays)**

Before March 1, you must confirm your registration and send a deposit of 150 $.

[ ]  Canadian money order

[ ]  Bank draft

Before April 1, you must pay the balance of 1 295,00 $, for a total due of 1 445,00 $.

[ ]  Canadian money order

[ ]  Bank draft

Please make your payment to the Cégep de Sherbrooke. Your application must be completed and mailed with your payment to this office :

**Service de l’internationalisation**

475, rue du Cégep, local 5-41-121

Sherbrooke (Québec) J1E 4K1

CANADA