APPLICATION FOR ADMISSION
NOT-FOR-CREDIT COURSES IN FRENCH AS A FOREIGN LANGUAGE

Complete and send this form to l'*École de langues de l'Université Laval to fle@elul.ulaval.ca*

For information : Telephone : (418) 656-2321 Email : fle@elul.ulaval.ca Website : www.elul.ulaval.ca

Period desired : from _____ to _____

Family name :

First name :

Sex : ☐ F ☐ M Date of birth : day month year

Birth place (country) : _____ Statut in Canada : _____

Principal language used : _____ Mother tongue : _____

Have you ever applied for admission or studied at Université Laval before? Yes No

File numer : If applicable

Permanent address		
Number and street		Apt.
City	Province / State	Postal / Zip code
Country	Phone number	Email address

Current address		
Number and street		Apt.
City	Province / Stage	Postal / Zip code
Country	Phone number	Email address

Signature : _____ Date : day Month year