

**APPLICATION FOR ADMISSION  
NON-CREDIT COURSES IN FRENCH AS A FOREIGN LANGUAGE**

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

**For information :** Telephone : (418) 656-2321 Courriel : [fls@elul.ulaval.ca](mailto:fls@elul.ulaval.ca) Site web : [www.flsh.ulaval.ca](http://www.flsh.ulaval.ca)

Period desired: from \_\_\_\_\_ to \_\_\_\_\_

Number of hours desired:             45 hours        90 hours        135 hours        190 hours        225 hours

Family name: 

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First name: 

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Gender :      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 l'Université Laval before?      Yes      No

File number : 

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If applicable

**Permanent address**

Number and street \_\_\_\_\_ apt. \_\_\_\_\_

City \_\_\_\_\_ Province / State \_\_\_\_\_ Postal / Zip code \_\_\_\_\_

Country \_\_\_\_\_ Phone number \_\_\_\_\_ Courrier électronique \_\_\_\_\_

**Current address**

Number and street \_\_\_\_\_ apt. \_\_\_\_\_

City \_\_\_\_\_ Province / State \_\_\_\_\_ Postal / Zip code \_\_\_\_\_

Country \_\_\_\_\_ Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Signature : \_\_\_\_\_ Date : 

day	month	year	