

Office Use Only



Application for Upper Madison College

Please submit your application with the non-refundable application fee and documents to: Admission Office 5075, Yonge St. Suite 500 (5th floor), Toronto, Ontario, Canada M2N 7H3 TEL: 416-512-1026 FAX: 416-512-0024 email:info@umcollege.ca

Personal Data				
Last Name (Please Print Clearly) Hanako		First Name: Yamada		Middle Name:
Address 1-1-101 Ryugaku Gogaku-shi			Telephone Number (Home) +81 3 1111-1111	
City/Province Tokyo	Country Japan	Postal Code 111-1111	Telephone Number (Business/Cell) +81 90 1111-1111	
Emergency Contact person Tarou Yamada			Emergency Contact Telephone +81 90 2222-2222	
Email Address hanako@langpedia.com		Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth M Jan 01 1995	
Program Applying for ESL				
<input type="checkbox"/> Toronto Campus <input checked="" type="checkbox"/> Montreal Campus		<input type="checkbox"/> Standard (20hrs/wk)	<input checked="" type="checkbox"/> Intensive (25hrs/wk)	<input type="checkbox"/> Super Intensive (30hrs/wk)
Duration 4 weeks		Preferred Entry Date M Aug 07 2017		Current English Level: Beginning
Special Program				
Program Name	Duration weeks	Preferred Entry Date MM DD YY		Current English Level <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Program Name	Duration weeks	Preferred Entry Date MM DD YY		Current English Level <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
UMC Student Service Information			Cost of the Program in Canadian Dollars	
Do you need homestay? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Tuition Fee 1 \$ _____	
Do you need reception service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Tuition Fee 2 \$ _____	
Do you need to purchase medical insurance through us? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Tuition Fee 3 \$ _____	
*International students are required to hold a medical insurance while staying in Canada.			Application Fee \$ _____	
Method of Payment			Medical Insurance \$ _____	
Please indicate the form of payment in which your funds will be paid. <input checked="" type="checkbox"/> Bank Draft <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card (3% transaction fee)			(\$1.50x 28 days)	
- All funds are payable to Upper Madison College			Homestay Placement Fee \$ _____	
- Wire transfers should be sent to TD Canada Trust			Homestay Fee \$ _____	
Bank address: 4841 Yonge St. Willowdale, Ontario, M2N 5X2			Reception Service \$ _____	
Beneficiary: Upper Madison College			Total Deposit \$ _____	
Account No: 0618-5214611 Transit No: 19762-004			Balance \$ _____ 0	
Swift Code: TDOMCATTOR			*The balance of tuition to be paid within 4wks before the program's start date.	
Application Declaration				
Please read the following before signing:				
1. I declare that the information contained in this application is to the best of my knowledge complete and correct.				
2. I agree to abide by the rules and regulations of the college.				
3. I understand and agree that acceptance of this application in no way guarantees admission to the program or course and that this application is subject to the availability of seats. I understand and agree the college reserves the right to modify or cancel any program or course without notice or prejudice.				
Signature of applicant 山田 花子		Date 01/Jul/2017		
Agency: _____		Agent: Langpedia		
TEL: _____		FAX: _____		
Email: support@langpedia.com				