



CELA and Custom Programs Application Checklist

Camosun College
3100 Foul Bay Road
Victoria BC Canada V8P 5J2

Tel: +1-250-370-3681
Email: internationalapplications@camosun.ca
Web: www.camosun.ca/international

Application Form

Fill out the attached PDF application form. Type all information. **Print off application and sign it.**
The student's signature on the application **MUST** match the signature on the passport.

Confirm

- Student's current address, email address and phone number are on the application
- Student has signed the application the same way the passport has been signed

Supporting Documents

All documents submitted become the property of Camosun College and will not be returned.

- Scan of Passport
 - Front page (picture page)
 - Page showing address and signature
 - Study Permit (if applicable)
- Responsible Guardian Details (if applicable)
- [FOIPOP](#) form (if applicable)

Submit supporting documents in English.

Where appropriate, please provide English translations of all documents (transcripts and credentials) in English for all education completed above. Documents submitted become the property of Camosun College and will not be returned.

All documents should be emailed to
internationalapplications@camosun.ca

Thank you for submitting your application to Camosun College!

Our Admissions Team will contact you within 2 business days once the application has been received.

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Program Choice	
I am applying for: <input type="checkbox"/> CELA <input type="checkbox"/> Language & Culture <input type="checkbox"/> Custom Program	
How many weeks of programming are you looking for? (minimum two weeks)	Preferred start date:
	Alternative start date:
Do your students require an entry visa to enter Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Number of students (min 15, max 20)	English level of students <input type="checkbox"/> Beginner <input type="checkbox"/> Lower Intermediate <input type="checkbox"/> Upper Intermediate <input type="checkbox"/> Advanced

Institutional Information			
Institution		Contact Name	
Address			City
Province/District/State	Country		Postal Code
Phone	Email		

Secondary and Emergency Contact			
Name			
Address			City
Province/District/State	Country		Postal Code
Phone	Email		

Additional Information	
We require Homestay <input type="checkbox"/> Yes <input type="checkbox"/> No	
You are required to have adequate medical insurance to enroll in CELA and Custom Programs. Camosun International's medical insurance provider is Guard.me . You have the option of purchasing Guard.me medical insurance for the duration of your program.	
<input type="checkbox"/> I confirm that I have adequate medical insurance for the duration of my program	
<input type="checkbox"/> I request Guard.me medical insurance for my program. Guard.me insurance fees will be added to your final tuition balance	

Applicant Declaration *(Please read the following before signing)*

1. I, the applicant, declare that all information contained on this application for admission is true and complete.
2. I agree to abide by the rules, regulations and policies of Camosun College.
3. I agree to purchase adequate medical insurance for the duration of of my group's stay in Canada.
4. 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.
5. I understand the CELA and Custom Program fee structure and terms.

Signature of Group Coordinator _____ Date:

*If you have participants in the group who are between the ages of 15 to 18, they are welcome to join our program; however, we require that you identify a guardian who will be in Victoria during the time you are studying. This could be your accompanying teacher, chaperone, or family member.

Name of Guardian _____ Date:

Privacy Notice

The personal information provided on your application form is collected under the authority of the section 41(1) of the Colleges and Institutes Act and pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA), RSBC1996, c. 165, as amended. The information will be used for the purposes of: admission; registration; academic progress; notification of future courses; notification of test results; agent related business and operating other Camosun-related programs. Camosun collects, uses, retains and discloses information in accordance with FIPPA. Camosun may share and disclose personal information within the College to carry out its mandate and operations. Information, in aggregate form only, may also be used for research purposes and statistics.

Should you have any questions about the collection of information, please contact the International Director at +1-250-370-3681, international@camosun.ca, Camosun International: 3100 Foul Bay Rd., Victoria, BC, V8T 3H6

Permission to Release Information

If you wish to grant anyone access to your information, you will need to complete a [FOIPOP](#) form and indicate who is allowed access to your admission and registration information, this includes agents and emergency contact. If you do not wish anyone to have access to your information, then leave information blank. Permission can be changed by informing the International Office in writing anytime.

Please print application form, sign it, and return it to International Admissions Camosun College.

Electronic Signatures will not be accepted