TESL CERTIFICATE APPLICATION FORM   inlingua® Victoria COLLEGE OF LANGUAGES

Student Information

Family Name: _____ First Name: _____

Male   Female   Date of birth (Year/Month/Day) _____ Age: _____ Citizenship: _____

Address: _____ City: _____

Province/State: _____ Country: _____ Postal Code: _____

E-mail: _____ Telephone: _____

Emergency Contact Name: _____ Emergency Tel: (_____) _____

Native Language: _____ Agency: _____

Educational Background:

_____

Describe your reasons for taking this course:

_____

How did you hear about inlingua Victoria?

_____

Which month do you want to start your TESL course?

_____

CANCELLATIONS AND REFUND POLICY

To receive a refund of any portion of tuition fees students must give inlingua Victoria written notice that they intend to withdraw from the program in which they have enrolled. There are no refunds for students changing programs. Refunds are processed within 30 days of receiving a written request for a refund.

Students who are terminated due to violation of the school's written disciplinary and/or attendance policies or provincial or federal laws will be issued a refund based on the refund policy stated below. Students who have applied through an agent must contact the agent for a refund.

If you are unable to obtain lawful entry to Canada for the purpose of studying at inlingua Victoria, you will be refunded all prepaid fees except the non-refundable registration fee, homestay placement fee and all bank transfer charges. You must provide the letter from the Canadian Embassy stating that your Visa to enter Canada was denied.

Once a student cancels or withdrawals from inlingua Victoria in writing, they will receive a refund of unused tuition fee based on the table below, less the non-refundable registration fee, homestay placement fee and all bank transfer charges. For the accommodation portion, inlingua requires a 2-week written notice for any changes, cancellations, or postponements. Otherwise a 2 week accommodation fee will be applicable and the homestay placement fee is not refundable.

Date of written notification	Percentage of Tuition Retained
More than 30 days prior to start date	10% to a maximum of $1,000
0 to 29 days prior to your starting date	20% to a maximum of $1,300
0% to 10% of program completion	30%
After 10% to 30% of program completion	50%
After 30% or more of program completion	100%

Student Declaration

I declare that the information I have provided is correct and accurate. I have read and understood all of inlingua's policies as outlined.

STUDENT SIGNATURE: _____ DATE: _____

PAYMENT OPTIONS

Payments can be made by the following in Canadian Funds payable to Coastal international Language Institute Inc. licensed and doing business as inlingua Victoria:

☐ Cash *(In person only)*

☐ Debit *(In person only)*

☐ Visa/MasterCard

☐ Cheque

☐ International Money Order

☐ Bank Draft or Wire Transfer of Funds

☐ Flywire* (For international credit cards)

For Bank Wire Transfer or Money Order, please contact **Thaddeus@inlinguavictoria.com**

*To pay by Flywire, please go to inlinguavictoria.flywire.com to make your payment today. Flywire is a secure method of payment that allows you to track your payment from start to finish. Through this service you can pay your fees and deposits from any country and any bank—often in your home country currency, which allows you to save on bank fees. For complete instructions on how to pay by Flywire, please go to: www.inlinguavictoria.com/payments

CREDIT CARD AUTHORIZATION FORM

1. Complete the form in the blanks below.

2. Print the form and have the credit card holder sign on the line indicated below.

3. Scan and email (admissions@inlinguavictoria.com) the completed form to process your payment.

I, _____ hereby authorize inlingua Victoria College of Languages to charge my

credit card in the amount of $ _____ .

☐ Visa   ☐ MasterCard

Credit Card No. _____ Expire Date: _____/_____ Security Code ___ ___ ___

Credit Card Billing Address:

Street: _____ City: _____

District/State/Province: _____ Postal Code: _____ Country:_____

Telephone: (_____) _____

As the credit card holder, I hereby authorize Payment for the fees indicated above.

Cardholder's Signature: _____ Date: _____