

English Language Centre Only
2-Month Application Form

Term of Application: _____ (*Example: Winter A or Winter B*) Year: _____

If you have previously applied to the U of M, please provide your **student number**: _____

| | | | | | |
|-------------------|---|------------|-------------------------|--------------|--|
| First Name | _____ | | Last Name: | _____ | |
| Preferred Name: | _____ | | Former Last Name: | _____ | |
| Gender: | Male | Non-Binary | Another Gender Identity | | |
| | Female | Two-Spirit | | | |
| Country of Birth: | _____ | | Birthdate: | _____ | |
| Status in Canada: | Permanent Resident or Landed Immigrant Currently has a study permit Will be applying for a study permit Refugee (Protected Person) In Canada on the Authority of another Visa | | Country of Citizenship: | mm /dd /year | |

Contact Information

| | | | |
|----------------|-------|---------------|-------|
| Country: | _____ | City: | _____ |
| Street: | _____ | Province: | _____ |
| Postal Code: | _____ | Telephone No: | _____ |
| Email Address: | _____ | | |

Language Test (If you have one)

Language Test: _____ Overall Score: _____

Language Test date: _____
mm/ dd /year

Release of Information

The [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#) requires the University of Manitoba to obtain your consent prior to releasing your personal information to third parties.

If you wish to provide consent for the University of Manitoba to share your personal information related to your application with any other third party, **including educational agents or consultants or family/friends who may inquire on your application on your behalf**, please add the details for these person(s) below. Otherwise, you may leave this section blank.

Name: _____ Relationship/Organization Title: _____

Name: _____ Relationship/Organization Title: _____

Name: _____ Relationship/Organization Title: _____

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used for the purposes of determining eligibility for admission, statistical analysis and communication with the applicant. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA).

If you have any questions about the collection of personal information, contact:

*Access and Privacy Office
233 Elizabeth Dafoe Library
University of Manitoba
Winnipeg, Manitoba, Canada, R3T 2N2
Phone: 204-474-9462*

Applicant Signature: _____

Date: _____

mm /dd/ year

Please send completed application form to [**elc@umanitoba.ca**](mailto:elc@umanitoba.ca)