



SpringHills Language Program Application Form

SECTION A - Information

Date: _____

Name: _____
family name first name

Address: _____
street apartment #

city/town postal code

Contact number: _____
home work fax/e-mail

What language(s) do you plan to learn? _____

SECTION B – Target Language Proficiency

What would you say is your proficiency level in your chosen language(s)?

(Beginner, False Beginner, High Beginner, Intermediate) _____

If you are not a beginner please describe previous learning experiences in your language(s) of choice?

Please note:

A short telephone interview will be conducted with all non-beginners in order to assess language proficiency.

A minimum \$50 deposit is required no later than 2 weeks prior to program start date in order to ensure space in the language and level desired.

This deposit is non-refundable unless the class is cancelled by SpringHills, in which case the full amount of your deposit will be refunded.