



Application Form

Please send this form to:
Montreal Language Studies
999 de Maisonneuve Ouest, suite 1610
Montreal, Qc H3A 3L4
Canada

Tel: 001 514 397 1736 Toll Free: 1 800 699 9929
Fax: 001 514 397 9007 info@mlsinc.ca

PLEASE PRINT IN BLOCK LETTERS

Personal Details

Mr Ms/Mrs Miss

Family name _____ First name _____

Nationality _____

Address _____

City _____

Postcode _____ Country _____

Telephone _____ Fax _____

Email _____

Date of birth _____ Occupation _____

Mother Tongue _____ 2nd language _____ 3rd language _____

Contact in case of an emergency:

Name _____ Telephone _____

How did you hear of MLS? _____

Have you attended a course before? Yes No

Name of your school/college (under 18s) _____

Name of your university (students) _____

Name of your company (professionals) _____

Passport Information

Name as it appears on the passport _____

Passport Number _____

Level of English

Have you ever studied English before?

Yes, for _____ years No

English language level Elementary (A1) Pre-intermediate (A2) Intermediate (B1)

Upper-Intermediate (B2) Advanced (C1) Proficient (C2)

*A1-C2 Common European Framework level descriptors

Aims and Objectives

Why do you want to improve your English? _____
