

York University Department of French Studies – Keele Campus www.yorku.ca/laps/fr/

2016 TORONTO UNIVERSITIES' FRENCH CONTEST CONCOURS DE FRANÇAIS DES UNIVERSITÉS TORONTOISES 2016

STUDENT APPLICATION FORM - EXTENDED / IMMERSION FRENCH

N.B. BOTH **STUDENT AND TEACHER** MUST READ THE REGULATIONS BEFORE COMPLETING AND SIGNING THIS FORM.

PLEASE SEND THE COMPLETED FORM ALONG WITH A CHEQUE FOR \$50

PAYABLE TO: **York University**TO THE ADDRESS INDICATED ON THE LAST PAGE OF THIS FORM

BEFORE **MARCH 18, 2016**

STUDENT INFORMATION

Student's LAST name (PRINT)	Student's FIRST name (PRINT)
Home address (number, street, apt.)	(City, province, postal code)
Home telephone number	Name of school currently attending
Date of birth (year-month-day)	Country of birth
Residency (Canadian citizen/landed immigrant)	Male or female
STUDENT E	BACKGROUND
Your background in French MUST BE outl	lined. Please be specific.
How many years have you studied French, includir	ng this year?
In what grade did you begin studying French?	
Please include all schools	(elementary and secondary).
Name of School/Board	Grades and Dates
Name of School/Board	Grades and Dates
Name of School/Board	Grades and Dates

(up to one year before gra	de nine, describe, giving locations,
(up to three months while a	attending secondary school; explain
escribe in detail.)	
n in the home? Circle one.	
Some of the time	Never
French speaker? If yes, please	e specify.
y in any French-speaking pro	ovinces or countries? If yes, please
sity or University of Toronto F	rench Contest before? If yes, please
	escribe in detail.) in the home? Circle one. Some of the time French speaker? If yes, please y in any French-speaking pro-

STUDENT VERIFICATION

Please return completed form to your teacher.

I have read the enclosed regulations and I attest that I am eligible to participate in the

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Student's signature	Date
TEACHER	VERIFICATION
Name of French teacher (PLEASE PRINT)	Home telephone Number / E-mail
Name of School	Name of Board
Complete School Address	School Fax Number
knowledge and has been verified by me. satisfied that the above-named student is elig	ntioned student is accurate to the best of my I have read the enclosed regulations and I an gible to participate. payable to: York University to cover this student's
Teacher's signature	 Date

PLEASE MAIL OR HAND DELIVER APPLICATIONS TO:

2016 TORONTO UNIVERSITIES' FRENCH CONTEST / CONCOURS DES UNIVERSITÉS TORONTOISES 2016

Attn: Eugénie Déziel
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Faculty of Liberal Arts and Professional Studies
York University
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4700 Keele, Toronto, Ontario
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