

Placement Test Reservation Form



Personal Information

First Name _____
Family Name _____
Email Address _____
Phone Number _____
Country of Origin _____ Primary Language _____

Program Information

Which program do you wish to study?

UCP UI IP MI II EC BEW PGP TEYL EP

Are you currently studying at another institution/school?

No Yes (School name _____)

When do you wish to start studying at ECLC? _____

When do you wish to take the placement test? _____

Credit card authorization

I, _____, hereby authorize East Coast Language College to charge a \$30 Placement test fee to my credit card. I understand that the \$30 Placement test fee is non-refundable and must be paid before the placement test.

Student Name: _____

Credit Card Type: _____

Credit Card Number: _____

Name on Card: _____

Expiry Date: _____ CVC: _____

Signature: _____

Please scan and email this form to study@eclccanada.com