

## English Language Proficiency Exemption Request Form

You must complete and submit both pages of this form (with all required supporting documents)

- In person Brock Central @ the Registrar's Office (Schmon Tower, 3<sup>rd</sup> floor)
- Via email futurestudent@brocku.ca
- Mail Brock University, Undergraduate Admissions, ELP Committee
  1812 Sir Isaac Way, St. Catharines, Ontario, Canada, L2S 3A1

The decision of the English Proficiency Committee will be communicated to you via your Brock student portal: http://my.brocku.ca

Please print clearly, indicate your reason(s) for applying for an exemption, and provide all required information and documents. Please note: your request will be reviewed, however, submitting this request does not guarantee an exemption.

First Name		Last Name	Brock ID Number					
Program	Program Applied to:							
1.	In the last three calendar years, I have completed full –time academic studies in English, which was the official language of instruction. Please attach the profile of the school(s) and letter(s) from school officials stating that the courses completed were instructed in the English language. The name of the school(s), city, country and years of attendance are as follows:							
2.	I hold citizenship from a country where English is not the first language, or where English is an official language but not the first language, but I have spent more than four years in an English-speaking country. The name of the country(s), my major activities and the length of time are as follows:							
3.	1	glish Language proficiency test sco ast two years (with an acceptable s	re to Brock University Undergraduate core for my program choice).					
4.	Other (explain on Page	2).						



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You are also required to complete this section, in your own handwriting. Please write legibly. Your request will not be considered if this section is not completed. Please explain in your own words why you are requesting exemption (approximately 150 words).

I have provided all required information and documents to support my request. I understand that if I fail to do so, my request will be denied. I have read and understood the instructions, and my signature below indicates that all responses are true and accurate. No relevant information, academic or otherwise, has been withheld; otherwise, my application may be denied by Brock at any time.	First Name	Last Name	,	Brock ID Number		
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