



INTERNATIONAL STUDENT APPLICATION FORM

Date (YYYY/MM/DD): _____

PERSONAL INFORMATION (AS IT APPEARS IN YOUR PASSPORT)					
1.	Family Name:	2.	Given Name:		
3.	Date of Birth (YYYY/MM/DD): / /	4.	Student ID Number:		
5.	Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter <input type="checkbox"/> Yes <input type="checkbox"/> No	CAQ Number	Expiry		
6.	Student's Full Mailing Address				
PO Box		Apt. /Unit	Street No.	Street Name	
City/Town:		Country:	Province/State:	Postal Code	
INSTITUTION INFORMATION					
7.	Full Name of Institution:				
8.	Designated Learning Institution Number:				
9.	Address of Institution:				
PO Box		Street No.		Street Name	
City/Town:		Province/Territory		Postal Code	
10.	Telephone Number:	Extension	11.	Fax Number	12. Type of School: <input type="checkbox"/> Public <input type="checkbox"/> Private
13.	Website:			14.	Email:
15.	Name of Contact:	Position		Telephone Number	Extension
16.	Name of Alternate Contact:	Position		Telephone Number	Extension



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PROGRAM INFORMATION			
17.	Academic Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours of instruction per week:	
18.	Field/Program Study:	19.	Level of Study
20.	Type of School: <input type="checkbox"/> Vocational <input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Other _____	21.	Exchange Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Estimated Tuition Fee for the First Academic Year: _____ Fees Prepaid <input type="checkbox"/> Yes <input type="checkbox"/> No	23.	Scholarship/Teaching assistantship /Other Financial Aid <input type="checkbox"/> Yes Specify: _____ <input type="checkbox"/> No
24	Internship / Work Practicum: <input type="checkbox"/> Yes Specify: _____ <input type="checkbox"/> No Field of work: _____	25.	Conditions of Acceptance specified as clearly as possible
26.	Length of Program (YYYY/MM/DD) Start Date: _____ Completion Date: _____ Or minimum _____ years of full-time studies		
27.	Expiration of letter of Acceptance (YYYY/MM/DD)		
28.	Other Relevant Information:		

Signature of institution representative (e.g.) Registrar):

Print name of institution Representative:
