VANCOUVER ISLAND UNIVERSITY

International Application for Admission

900 Fifth Street, Nanaimo, B.C., CANADA V9R 5S5 • Tel: 250-740-6316 • Fax: 250-740-6471
E-mail: study@viu.ca • Website: www.viu.ca/international

Personal Data

Family Name | First Name | Middle Name(s)

Phone | Fax | E-mail Address

Mailing Address

Date of Birth (Yr/Mo/Day) | Place of Birth | Male ☐ Female ☐ | Citizenship | First Language

Passport/Travel Document No. | Country of Issue | Citizenship status will be: ☐ Study Permit ☐ Other, specify

Emergency Contact

Name | Telephone | E-mail Address

Preferred Language | Relation to student (parent, friend, etc.)

Name of Agent/Representative Organization/Alumni Referral (if applicable)

Contact Name | Contact Phone | Contact E-mail

Program Choice

I want to study in VIU's English as a Second Language Program. ☐ Yes ☐ No

I want to study in a University Program at VIU. ☐ Yes ☐ No

I want to start my studies: _____ (MONTH) _____ (YEAR)

University program students, please indicate your intended major or concentration. (For example a Bachelor of Arts in Psychology, or Bachelor of Science in Biology)

_____

Educational Background

Name of last school/college/university attended | City | Country

Attended from _____ (YEAR) to _____ (YEAR) ☐ Transcript attached, if applicable

Grade/Form/Level completed or Degree/Diploma earned

EXCHANGE STUDENTS ONLY

Home Institution: _____ Length of stay at VIU: _____ Start date at VIU: _____ (MONTH) _____ (YEAR)

Previous Year's History

Please indicate your **main** activity during the past year.

☐ Attending Secondary School ☐ Attending College ☐ Working
☐ Other Educational Institution ☐ Attending University ☐ Other

Please indicate where you were located.

☐ in British Columbia ☐ in another country (please state which country)
☐ in another province of Canada _____

Payment & Declaration

Type of Payment ($150 (CDN) Application Fee)

☐ Certified Cheque or Money Order – Reference # _____

☐ Bank Transfer – Reference # _____

☐ Credit Card: ☐ VISA ☐ MasterCard ☐ American Express

☐ I authorize to charge $150 (Cdn) to my credit card.

Credit Card Number: _____

Expiry Date: _____ (Month) _____ (Year)

Cardholder's Name: _____

Cardholder's Signature: _____

Please read the following before signing:

1. I understand that acceptance of this application in no way guarantees admission to a program or course.
2. I understand that my admission is subject to availability of a place for me in the program for which I have applied.
3. I agree to abide by the rules and regulations of Vancouver Island University and of the department and program in which I shall be registered and any changes which may be made while I am a student at VIU.
4. I certify that all statements on this application are true and complete. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status.

Date: _____

Signature of Applicant: _____
I declare that the statements in this application are complete and correct.