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|----------------|---------------|
| Applicant Name | Date of Birth |
|----------------|---------------|

PERSONAL DETAILS (CONTINUED)

| | | | | | | |
|---|---------------|------------|------------------|-------|-------------|---------------|
| <p>10 a) Have you previously been married or in a common-law relationship? <input type="checkbox"/> * No <input type="checkbox"/> * Yes</p> <p>b) Provide the following details for your previous Spouse/Common-law partner:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Family name</td> <td style="width:50%;">Given name(s)</td> </tr> </table> | | | | | Family name | Given name(s) |
| Family name | Given name(s) | | | | | |
| c) Type of relationship | d) From | To | e) Date of Birth | | | |
| | YYYY-MM-DD | YYYY-MM-DD | YYYY | MM DD | | |

LANGUAGE(S)

| | | |
|---|---|--|
| 1 *a) Native language/Mother Tongue <small>the language your family used at home when you were a child (birth language)</small> | *b) Are you able to communicate in English and/or French? | c) In which language are you most at ease? |
| <p>d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> * No <input type="checkbox"/> * Yes <small>if you have ever taken a designated language test, indicate "yes" (like IELTS, for example)</small></p> | | |

PASSPORT

| | | | |
|--|---|----------------|--|
| 1 * Passport number | 2 * Country or territory of issue <small>this is the country with the authority to issue your passport - for example, if you have a Chinese passport which was issued in Toronto, Canada, you would still select "China"</small> | 3 * Issue date | 4 * Expiry date <small>IRCC won't issue a study permit beyond your current passport expiry date</small> |
| | | YYYY-MM-DD | YYYY-MM-DD |
| 5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> *No <input type="checkbox"/> *Yes | | | |
| 6 * For this trip, will you use a National Israeli passport? <input type="checkbox"/> *No <input type="checkbox"/> *Yes | | | |

NATIONAL IDENTITY DOCUMENT

| | | | | |
|---|---------------------------------|--------------|---------------|--|
| 1 Do you have a national identity document? <input type="checkbox"/> * No <input type="checkbox"/> * Yes <small>this can be a national ID issued by your country of citizenship (besides your passport), if available</small> | | | | |
| 2 Document number | 3 Country or territory of issue | 4 Issue date | 5 Expiry date | |
| | | YYYY-MM-DD | YYYY-MM-DD | |

US PR CARD

| | | |
|--|---------------|--|
| 1 Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? <input type="checkbox"/> * No <input type="checkbox"/> * Yes | | |
| 2 Document number | 3 Expiry date | |
| | YYYY-MM-DD | |

CONTACT INFORMATION

If submitting your application by mail:

- All correspondence will go to this address unless you indicate your e-mail address below.
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.
- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.

| | | | | | | |
|---|----------------------------------|-------------|--|---------------|--------------|-----|
| 1 Current mailing address <small>use a secure mailing address: this address can be different from your residential address if needed (you may use a relative's or friend's address, for example)</small> | | | | | | |
| P.O. box | Apt/Unit | Street no. | * Street name | | | |
| * City/Town | * Country or Territory Canada | | * Province | * Postal code | | |
| 2 Residential address Same as mailing address? <input type="checkbox"/> * No <input type="checkbox"/> * Yes | | | | | | |
| Apt/Unit | Street no. | Street name | | | | |
| City/Town | Country or Territory Canada | | Province | Postal code | | |
| 3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other | | | 4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other | | | |
| Type | Country Code | No. | Ext. | Type | Country Code | No. |
| 5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other | | | 6 E-mail address <small>make sure to enter the email that you associate with your IRCC secure account (GC Key)</small> | | | |
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COMING INTO CANADA

| | | | |
|---|--|--------|---|
| 1 | Date and place of your original entry to Canada <small>date when you first entered Canada</small> YYYY-MM-DD | * Date | * Place port of entry where you first entered Canada (for example, the international airport where you first landed in Canada) |
| 2 | * a) The original purpose for coming to Canada <small>your status when you first entered Canada</small> | | b) Other |
| 3 | Date and place of your most recent entry to Canada (if not the same as original entry) <small>date when you last entered Canada</small> YYYY-MM-DD | Date | Place port of entry where you last entered Canada |
| 4 | If applicable, provide the document number of the most recent Visitor Record, Study Permit, Work Permit or Temporary Resident Permit issued to you. | | Document Number located in the top right section of your study permit / work permit / visitor record (a letter followed by 9 digits - for example, the document number for a study permit would be Fxxxxxxx) |

DETAILS OF INTENDED STUDY IN CANADA

| | | | | | |
|--|---|------------------------------|---|---|---|
| 1 I have been accepted at the following educational institution | | | | | |
| * a) Name of School | | * My level of study will be: | | My field of study will be: <small>choose the closest match - this doesn't have to be 100% accurate</small> | |
| b) Complete address of school in Canada | | | | | |
| * Province | * City/Town | * Address | | | |
| 2 Designated Learning Institution # (O#) O19305471522 | | My Student ID # is: | | 3 Duration of expected study | |
| | | | | * From <small>the date you validate the form</small> YYYY-MM-DD | * To <small>the projected completion date of your degree program + 90 days</small> YYYY-MM-DD |
| 4 The cost of my studies will be: | | | 5 * a) Funds available for my stay(CAD) <small>total of "tuition" and "room and board" costs from box 4 (please note: IRCC does not expect you to have access to this much liquid funds at the time of application)</small> | | |
| * Tuition <small>remaining tuition cost for entire degree program</small> | Room and board <small>remaining cost for entire degree program</small> | Other | * b) My expenses in Canada will be paid by: <small>can choose "myself", "parents" or "other"</small> | | c) Other <small>if choosing "other", please briefly explain the source of your education funding</small> |
| 6 a) In addition to a study permit, are you also applying for a work permit? <small>if you are in a degree program with a degree required internship or co-op, choose "yes"</small> | | | b) What type of work permit are you applying for: <small>if applicable, select "co-op work permit"</small> | | |
| 7 If you have been issued a Quebec Acceptance Certificate (CAQ), provide the: | | | | | |
| Certificate Number | | Expiry Date | | | |

If you are under the age of majority of the province/territory where you intend to study, you must fill out the Custodian Declaration [IMM5646] form.

EDUCATION

| | | | |
|--|-----------------|--------------------------|--|
| Have you had any post secondary education (including university, college or apprenticeship training)? <input type="checkbox"/> * No <input type="checkbox"/> * Yes | | | |
| If you answered "yes", give full details of your highest level of post secondary education. | | | |
| 1 | From YYYY MM | Field and level of study | School/Facility name |
| | To YYYY MM | City/Town | Country or Territory Province/State |

EMPLOYMENT

| | | | |
|--|-------------------|---|--|
| Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator) | | | |
| 1 | From *YYYY *MM | * Current Activity/Occupation <small>this should describe what you are currently doing at the time you submit your study permit application - if you are not working, indicate "student"</small> | * Company/Employer/Facility name <small>if studying, please list the school name here</small> |
| | To YYYY MM | * City/Town | *Country or Territory Province/State |
| 2 | From YYYY MM | Previous Activity/Occupation | Company/Employer/Facility name |
| | To YYYY MM | City/Town | Country or Territory Province/State |

Please list all paid employment for the past 10 years in this section (including part-time work, full-time work, and co-ops/internships). If you don't have enough space on the form, you can add further employment on an employment addendum and upload the completed addendum to your application as an optional document.

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EMPLOYMENT (CONTINUED)

| | | | | |
|----------|---------|------------------------------|--------------------------------|----------------------|
| 3 | From | Previous Activity/Occupation | Company/Employer/Facility name | |
| | YYYY MM | To | City/Town | Country or Territory |
| | YYYY MM | | | Province/State |

BACKGROUND INFORMATION please answer this section accurately, as an incorrect answer could lead to a refusal or a determination of misrepresentation
 You must complete this section if you are 18 years of age or older.

| | |
|----------|--|
| 1 | a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | c) If you answered "yes" to question 1a) or 1b), please provide details. |
| | |

| | |
|--|--|
| 2 | a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory? if you have ever been refused a visa in any country (not just Canada), please indicate "yes" to this question and explain in the text box below <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | c) Have you previously applied to enter or remain in Canada? as you are applying from inside Canada, you must answer "yes" to this question and provide details of any current/previous statuses held in the text box below <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| | d) If you answered "yes" to question 2a), 2b) or 2c), please provide details. |
| provide information here if you answered yes to either (a), (b), or (c) above | |
| | |

| | |
|----------|--|
| 3 | a) Have you ever committed, been arrested for or been charged with or convicted of any criminal offence in any country or territory? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | b) If you answered "yes" to question 3a), please provide details. |
| | |

| | |
|---|---|
| 4 | a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | b) If you answered "yes" to question 4a), please provide dates of service and countries or territories where you served. |
| even mandatory military service must be declared in this section | |
| | |

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BACKGROUND INFORMATION (CONTINUED)

| | | | |
|---|--|-----------------------------|------------------------------|
| 5 | Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6 | Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

SIGNATURE

Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? No Yes

I understand that CIC is collecting this personal information to assess whether I should be granted a study permit and will use this information to verify my eligibility for a study permit as well as my compliance with the conditions of my study permit. CIC may disclose my personal information to CBSA to enforce the requirements of the Immigration and Refugee Protection Act.

I also understand that CIC may disclose my personal information to my designated learning institution to inquire whether I am in compliance with the conditions of my study permit. I consent to the disclosure of my personal information by my designated learning institution to CIC for the purpose of determining whether I am in compliance with these conditions. Failure to provide such consent will result in a refusal to grant a study permit.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD

type your full name as it appears in your current passport

IMPORTANT NOTE:

This application must be signed and dated before it is submitted by mail.

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

PRIVACY NOTICE

Personal information provided on this form is collected and will be used, disclosed, and retained by Immigration, Refugees and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal information provided will be used for the purpose of processing applications. The personal information provided may be disclosed to other federal government institutions and third parties including law enforcement bodies, provincial/territorial governments and/or foreign governments for the purpose of validating identity, eligibility and admissibility. The personal information provided may be disclosed to Designated Learning Institutions for the purpose of validating Letters of Acceptance and or determining compliance with study permit conditions.

The personal information collected on an application, and other information collected in support of an application, may be used for computer analytics to support processing of applications and decision making, including your application. Personal information, including from advanced analytics, automation, and other technologies, may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Where biometrics are provided in support of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate, or prosecute an offence under any law of Canada or a Province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. Further details are available in [Info Source](#). If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's personal information bank - IRCC PPU 051.

Validate

-once you have completed the entire form, please read it through again to check for errors - then click the "Validate" button to finish the form
-this will generate an additional page of bar codes