



Photograph

Please attach with paper clip

International Student Application for Admission

Personal Information

<input type="checkbox"/> Female <input type="checkbox"/> Male		Legal Family Name (as on passport)		Legal First and Middle Name (as on passport)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.					
Former Family Name			Preferred First Name / Nickname		
Place of Birth		Date of Birth	Year	Month	Day
Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other:			English Assessment Score(s): (attach copy if available)		
			IELTS Overall Band Score:		Lowest Band Score:
			TOEFL:	Essay/Writing:	Other:
Citizenship			Agency or Agent Number: VISIONS CANADA		
Current Mailing Address of Applicant			Address in Canada (if known)		
Apartment Number / Street Number			Apartment Number / Street Number VISIONS CANADA		
Street			Street 460 VAN KIRK DR.		
			City BRAMPTON	Province ONTARIO	
City / Town / Village	County / Ward		Postal Code L7A 0J3		
Province / State / Prefecture	Postal Code / Zip Code		Telephone 905 - 670 3133	Fax 905 - 487 8268	E-mail venky@visionscanada.ca / info@visionscanada.ca
Country			Emergency Contact		
Telephone (Include country and city codes)			Name		
Fax			Relationship		
E-mail			Street Address		
Are you in Canada now? Yes <input type="checkbox"/> No <input type="checkbox"/>			City	Province	
If Yes, what type of immigration permit do you currently have? <input type="checkbox"/> Study Permit (provide photocopy) <input type="checkbox"/> Visitor Permit <input type="checkbox"/> Other (specify):			Country	Postal Code	
Are you here on a <input type="checkbox"/> Scholarship? or <input type="checkbox"/> Sponsorship? Name of Scholarship/Sponsorship:			Telephone		
			Fax		
			E-mail		
What did you do last year? <input type="checkbox"/> Secondary School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Work <input type="checkbox"/> Other					
Where did you live last year? City / Country:					
Transferring from another Canadian post secondary school <input type="checkbox"/> Participating in a Student Exchange Program <input type="checkbox"/>					

Academic Information

Please check the semester for which you are applying and provide year

<input type="checkbox"/> Winter (January to April) _____ (Year)	<input type="checkbox"/> Summer (May to August) _____ (Year)
<input type="checkbox"/> Fall (September to December) _____ (Year)	

UFV program to which you are applying (Please check only one of the program options below & write program name)

<input type="checkbox"/> *English Second Language (ESL) Indicate future program: _____
<input type="checkbox"/> *University Foundation Indicate future program: _____
<input type="checkbox"/> ** Bachelor's Degree: _____ <input type="checkbox"/> Certificate: _____
<input type="checkbox"/> Diploma: _____ <input type="checkbox"/> Master's Degree: _____

*If you are applying to the ESL or University Foundation program and you plan to apply to an academic or career program once you have completed ESL or Foundations, please write your future program of interest.

** Admission to several undergraduate degree programs requires completion of one to two years of post-secondary credits.

For a comprehensive list of programs, description, and requirements visit our [Personal Study Calculator at www.UFV.ca/international/psc](http://www.UFV.ca/international/psc)

Education History

High School Attended:	From: (Year)	To: (Year)
City:	Country:	Last Year of High School Completed: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date (if Applicable):	Year Month
Were your last two years of high school in an English-language school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
BC High School Provincial Examination Number (PEN): (if you attended grade 12 in BC in 1990 or later)		

Post –Secondary: University / College Education (Report ALL post secondary schools attended - attach separate list if needed.)

① Name of Institution	② Name of Institution
Location	Location
Dates of Attendance	Dates of Attendance
Degree, diploma or certificate awarded	Degree, diploma or certificate awarded

Other Information

Please check services you will require: Residence Airport Reception

How did you hear about UFV? Website Education Fair Agency Friend Advertisement School Other : _____

Declaration: To the best of my knowledge, all of the information listed above is correct. If I am admitted to the University of the Fraser Valley, I agree to abide by its policies and regulations. I understand that the information I provide to UFV will be used for the purposes of admission, registration, research, and other purposes consistent with the College and Institute Act and the Freedom of Information and Protection of Privacy Act. Documents may be released to partner institutions in order to process UFV degree applications. The name, ID number and address of registered students will be given to the Student Union Society for voting and membership purposes.

Signature: _____ **Date:** _____

Declaration: I hereby authorize UFV to release regular progress reports and/or transcripts of my record to:

Parents, Agency, and/or Other Educational Institute or Government Agency

Signature: _____ **Date:** _____

Did you remember to enclose:

- Non-refundable application fee \$150 CDN (\$250 for Master's program)?
- Official notarized high school/college/university transcript in English?
- Passport sized photograph?
- 100 – 200 word essay explaining your educational and career goals.
- TOEFL, IELTS or other English test scores (if available)

Questions?

UFV International
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