**Please fill in this form electronically and email it to** **europe@viu.ca** **to facilitate the application process.**

**Student Name**:

 *Family Name First name Middle Name*

**Home Address***:*

 *Numer and Street Name*

 *City and Postal Code*

 *Country*

**Telephone:**

**E-Mail:**

**Date of Birth:**

 *Month Day Year*

**Gender***:* Choose an item.

**Name of school/university/institution currently enrolled at:**

**Program at VIU:**Choose an item.

**Study Abroad for:***[ ]  One Semester* *[ ]  Two Semesters*

**Start Date:**

 *Month Year*