



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 <input type="checkbox"/>	Citizenship	First Language
					Female <input type="checkbox"/>		
Passport/Travel Document No.		Country of Issue		Citizenship status will be:		<input type="checkbox"/> Study Permit <input type="checkbox"/> 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)							
VIU International Student Office Germany							
Contact Name			Contact Phone		Contact E-mail		
Sabine Sachs			+49 (0) 6151 9674666		germany@viu.ca		
Program Choice	I want to study in VIU's English Language Certificate Program.			<input type="checkbox"/> Yes <input type="checkbox"/> No		University program students, please indicate your intended major or concentration. (For example a Bachelor of Arts in Psychology, or Bachelor of Science in Biology)	
	I want to study in a University Program at VIU.			<input type="checkbox"/> Yes <input type="checkbox"/> No			
	I want to start my studies: _____			_____			
			MONTH YEAR				
Educational Background	Name of last school/college/university attended			City		Country	
	Attended from _____ to _____			<input type="checkbox"/> Transcript attached, if applicable			
				YEAR YEAR			
	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.			Please indicate where you were located.	
<input type="checkbox"/> Attending Secondary School			<input type="checkbox"/> Attending College			<input type="checkbox"/> in British Columbia	
<input type="checkbox"/> Other Educational Institution			<input type="checkbox"/> Working			<input type="checkbox"/> in another country (please state which country)	
<input type="checkbox"/> Attending University			<input type="checkbox"/> Other			<input type="checkbox"/> in another province of Canada _____	
<input type="checkbox"/> Other							
Type of Payment (\$150 (CDN) Application Fee)							
Please read the following before signing:							
<input type="checkbox"/> Certified Cheque or Money Order – Reference # _____			1. I understand that acceptance of this application in no way guarantees admission to a program or course.				
<input type="checkbox"/> Bank Transfer – Reference # _____			2. I understand that my admission is subject to availability of a place for me in the program for which I have applied.				
<input type="checkbox"/> Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			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.				
<input type="checkbox"/> I authorize to charge \$150 (Cdn) to my credit card.			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.				
Credit Card Number: _____			Date: _____				
Expiry Date: _____							
			Month Year				
Cardholder's Name: _____			Signature of Applicant: _____				
Cardholder's Signature: _____			I declare that the statements in this application are complete and correct.				