*	Governm of Canad		Gouverne du Canada						PROTECTED WHE	N COMPLETED - B PAGE 1 OF 5	
APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY OR REMAIN IN CANADA AS A STUDENT					This document should be used only as a guide to help you complete the form for your <u>Study Permit</u> <u>Extension</u> application. Sample answers for critical cells are provided only for reference purposes. All required cells						
I	lf you need m	ore spa	ace for any secti	on, print out ar	n additional page contai	ning the appropria	need to be j information 5709 form,	filled in. Fo and deta please refe	er the most up-t ils on how to co er to:	o-date mplete the IMM	
	0 digit num our study p		rinted on th	e top 2 *Iw	vant service in Select the appropi	iate language	https://www.canada.ca/en/immigration-refugees- citizenship/services/application/application-forms- guides/guide-5552-applying-change-conditions-				
3   am appl	lying for one o	r more o	of the following:						nda-student.htm		
	<b>X</b> * A	pply for	r a study permit fo	or the first time or	extend my study permit	* Restore my s	status as a student				
	* G	et a new	v temporary reside	ent permit (for ina	admissible applicants only)						
PERSONAL											
have a fa	ime (as shown c i <b>r last name</b> mily name,	enter		n name(s) in <sup>•</sup>	port. If you do not the family name	Given name(s) (as sh Enter your gi use initials.			document) <b>e) as per your p</b>	assport. Do not	
					name, alias, etc.) ?	* No	* Yes Select	the appro	priate answer		
	answered "yes"	' to que	stion 2a), please	provide the name	e (e.g. Nickname, maiden na						
Family name						Given name(s)					
Enter	if you answ	vered	"yes" to 2a)			Enter if you	answered "y	es" to 2a)			
					1-1						
*3 Sex			te of birth <b>1ter as per y</b> e	our nassnor	5 Place of birth * City/Town			* Country or <sup>-</sup>	erritory		
				MM *DD	Enter as per yo	our passport			s per your pass	port	
6 * Citizens											
	Ent	er cu	rrent citizens	ship							
7 Current o	ountry or terri						0.1		-		
*	Country or	Territor	y	*	Status		Other		From	To	
	Cana	ada		Select 'S	tudent'				Study Permit Date Issued YYYY-MM-DD	Study Permit Expiry Date YYYY-MM-DD	
of citizen	ship or your cu	rrent co		of residence (indi	five years have you lived in cated above) for more than	six months?	ory other than you ect the appro	-	*No	] * Yes	
	Country or	Territor	у		Status		Other		From	То	
Fi	ill out all th	ie nec	essary fields	if you answ	ered "yes" to ques	tion 8a)			YYYY-MM-DD	YYYY-MM-DD	
									YYYY-MM-DD	YYYY-MM-DD	
	current marita ver as per y				ou are married or in a con vhich you were married or o					Date 7-MM-DD	
c) Provide	e the name of yo	our curre	ent Spouse/Comn	non-law partner							
Family						Given name(s)					
Ente	r the last n	ame o	of your spou	se, if applica	ible.	Enter the firs	t name of yo	ur spouse,	if applicable.		
d) If you	are married or i	in a com	mon-law relation	ship, is vour spou	ise or common-law partner	a Canadian citizen oi	r permanent reside	ent?	ΠN	o Yes	
					OFFICE USE ONLY - DO		•				
IMM 5709 (09-20	22) E		This form is ma	de available by	Immigration, Refugees ar (DISPONIBLE EN FRAN	-		e sold to appl	icants.	Canadä	

						PAGE 2 OF 5	
Applicant Name						Date of Birth	
PERSONAL DETAILS (CONTINUED)							
a) Have you previously been married or in a comm	-	* No	* Yes				
b) Provide the following details for your previous Spo	use/Common-law partner:		Answei	r questions 10(a)	to (e) if applicabl	e and as per	
Family name			Given name(s) your sit		.,		
c) Type of relationship	d) Fro	m	То	e) Date of Birth			
			10				
	YYYY-MI	M-DD	YYYY-MM-DD	YYYY	MM DD		
LANGUAGE(S)			L	-			
1 * a) Native language/Mother Tongue	*b) Are you able to comm	nunicate in En	glish and/or French?	c) In which languag	e are you most at ease?		
Select your mother tongue	Answer as per y	our situat	ion	Answer as p	er your situation		
d) Have you taken a test from a designated testing agenc	/ to assess your proficiency	in English or F	rench? *No	* Yes			
PASSPORT		5					
1   * Passport number	2 * Country or territo	ory of issue		3 * Issue date	e 4 * Exp	iry date	
1-4: Provide the most current passpo			ort will expire soon,				
past the expiry date of your passpor	t).			ҮҮҮҮ-М	IM-DD Y	YYY-MM-DD	
<b>5</b> * For this trip, will you use a passport issued by the Mi	nistry of Foreign Affairs in T	Faiwan that in	cludes your personal identific	cation number?	No Yes A	nswer as per	
<b>6</b> * For this trip, will you use a National Israeli passport?	*No *Yes				ус	our situation.	
NATIONAL IDENTITY DOCUMENT							
Do you have a national identity document?	No *Yes	lf you have	e a government issued	d identity docume	nt, other than you	ir passport,	
		select "yes					
2 Document number 2-5: Enter details of your national ider	3 Country or territor		therwise put "NA" u	4 Issue date	5 Expir	y date	
Document number	itity document, if ap	plicable, c	therwise put in a	үүүү-м		YYY-MM-DD	
US PR CARD				1111-141			
1				<b></b>	<b>–</b>		
Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)?							
2 Document number							
2-3: Enter relevant details here if you	•		· · · · · · · · · · · · · · · · · · ·				
regarding US PR Card, otherwise, ent CONTACT INFORMATION	er "NA" under Doc	ument nu	mber.	YYYY-MM-DD			
If submitting your application by mail:							
- All correspondence will go to this address unless y			6				
<ul> <li>Indicating an e-mail address will authorize all corre</li> <li>If you wish to authorize the release of information</li> </ul>						5476 form.	
		•		5			
			ess to mail you your	study permit.			
P.O. box A Post Office Box is a lockable mailbox located in a		treet name ou do not ha	ave one. leave it bank. If	vou live in an apartm	ent or townhouse. er	ter the unit	
number, otherwise leave it blank. If you do not in							
words (Street, Avenue, Drive, etc.). * City/Town * Country or	Territory		* Province	* Postal code			
Canada							
2 Residential address Same as mailing address?	*No *Yes	s If the	address you live at i	s the same as you	ur mailing addres	s then select	
Apt/Unit Street no. St	reet name	"yes",	, otherwise select "n	o" and provide y	our residential ad	dress details	
		here.					
City/Town Country or	lerritory		Province	Postal code			
Canada							
3 Telephone no. Canada/US	Other		4 Alternate Telephone no	Canada/US	Other		
If you have a contact number, you may enter it here. Type your telephone number including the country code, area/regional codes, etc. If you have an							
If you have a contact number, you may enter it here. Type your telephone humber including the country code, area/regional codes, etc. If you have an extremsion number, write it atter your phone number under "Ext." Type Country Code No.							
5 Fax no.			6 E-mail address	1 1		I	
Canada/US Country Code No. Ext. Enter your email address. If you provide your email ID, you are					ID, you are		
			authorizing IRCC t	o send all corresp	oondence electro	nically to the	
		.	email address pro	vided.			

App	licant Name							Date of Birth
60	MING INTO CANADA							
1	Date and place of your origin Canada	ate first entered IM-DD	* Place Port of Entry (the city where you first entered Canada)			ed Canada)		
2	* a) The original purpose for o	•			b) Other			
	Select the approp	oriate answer. N	lost common: St	udy.				
3			Da	ate	Place			
	Date and place of your most i Canada (if not the same as or		ate of most recent		Por	rt of Entry (the ci	ty where you last ent	ered Canada)
4			YYYY-N		Document	Number		
Г	If applicable, provide the doc Permit, Work Permit or Temp			ord, Study			of your Study Permit	
			,		right co	orner of the perm	nit and begins with th	e letter "F"
	TAILS OF INTENDED STU I have been accepted at the f		nstitution					•
<u> </u>	* a) Name of School			* My level of study w	vill be:		My field of study will be:	
	Kwantlen Polytechr	nic University		Answer as pe	er your sit	tuation	Answer as per your	r situation
	b) Complete address of schoo	l in Canada						
	ovince * City/Town			* Address				
	BC Surrey			12666 72 A	venue			
Ľ	Designated Learning Institutio	on # (O#)	My Student ID # is:				the date you will let	fer to the 版 U Supporting ter for your projected
	019350676872		Enter your 9-di	git KPU student	number	expected study		npletion date YYYY-MM-DD
4	The cost of my studies will be	:	5 * a) Funds available	e for my stay(CAD) * b	) My expense	es in Canada will be paic		
	* Tuition Room and boa	rd Other	The amount you in	ndicate should ma	tch the to	tal amount of fund	ds you are showing as p	roof.
6	a) In addition to a study permit, are you also applying for a work permit? * No * Yes b) What type of work permit are you applying for: want to apply for the co-op work permit at the							
7	If you have been issued a Que	ebec Acceptance Certif	cate (CAQ), provide the	:		san	ne time.	
F	Certificate Number	E	xpiry Date					
	Leave blank unless a	applicable	Leave blank unles	ss applicable				
lf y	ou are under the age of majo	ority of the province/t	erritory where you int	end to study, you m	ust fill out th	ne Custodian Declaratio	on [IMM5646] form.	
ED	UCATION *Provide add	itional informatio	n in a separate do	cument to upload	l if you ne	ed more space.		
	Have you had any post secon	dary education (includ	ing university, college o	or apprenticeship train	ing)?		X * Yes	
1	If you answered "yes", give fu	Ill details of your highe	st level of post seconda	ry education.				
	From	Field and level of stud	y	School/Fac	ility name			
	Start date of program	Current progr	am name	Kwant	len Polyt	echnic University	y	
1	То	City/Town		Country or	Territory			Province/State
	Leave blank or enter	Surrey		Cana	-			BC
	form validation date							
EM	PLOYMENT *You canno						h (2)	
	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)							
$\vdash$	From	* Current Activity/Oc	cupation			* Company/Employer/	/Facility name	
	Start date of program	Student				Kwantlen Pol	ytechnic University	
1	*үүүү *ММ	* City/Town		*Country -	or Territory			Province/State
1.	Leave blank or enter							
	form validation date	Surrey		Canad	ia			BC
From         Previous Activity/Occupation         Company/Employer/Facility name								
	Provide your employment history for the past 10 years, in Canada and abroad, if applicable. Start with the most recent activities.							
2	To	City/Town		Country or	Territory	1		Province/State
					-			
	YYYY MM							

PAGE 3 OF 5

						PAGE 4 OF 5	
App	licant Name					Date of Birth	
EMPLOYMENT (CONTINUED)							
	From	Previous Activity/Occupation		Company/Employer/Facility name			
3	<u>үүүү мм</u> То	City/Taxing					
'	10	City/Town	Country or Territory		Provin	ce/State	
	YYYY MM						
	CKGROUND INFORMATIO			must be answered or the applicatio	on will be	considered	
	must complete this section	if you are 18 years of age or older. incomplete	and will be return	ned.			
μIJ		have you or a family member ever had tuberculosis of th		contact with a person with tuberculosis?	No	Yes	
		stion carefully and answer 'Yes' or 'No'					
	b) Do you have any physical (	or mental disorder that would require social and/or heal	th services, other than me	edication, during a stay in Canada?	No No	Yes	
	c) If you answered "yes" to qu	uestion 1a) or 1b), please provide details.					
	Provide addition	onal details here if you selected "yes" fo	or 1(a) or 1(b), oth	erwise write "NA".			
2					_		
		eyond the validity of your status, attended school witho on carefully and answer 'Yes' or 'No' tru		ed without authorization in Canada?	No	Yes	
		ed a visa or permit, denied entry or ordered to leave Can	· · · · · · · · · · · · · · · · · · ·	or territory?	No	Yes	
	<i>b</i> ,						
	c) Have you previously applie	ed to enter or remain in Canada?		Select 'yes' for 2(c) and	No	X Yes	
	d) If you answered "yes" to g	uestion 2a), 2b) or 2c), please provide details.		provide details below			
		onal details here if you selected "yes" at					
	Example for 2(c): I applied for a study permit in [Month], [Year] and it was approved. The study permit will expire on						
[Month] [Date], [Year].							
3	a) Have you over committed	, been arrested for or been charged with or convicted of	any criminal offence in ar	av country or torritory?	No	Yes	
Γ	,		•				
	b) If you answered "yes" to q	uestion 3a), please provide details.	ad carefully and a	nswer 'Yes' or 'No' truthfully.			
	Drouido oddia	ional details here if you selected "yes" f	for 2(a) otherwise	a write "NA"			
	Provide addit	ional details here if you selected yes 1	or s(a), utilerwise	SWITCE INA .			
4		ry, militia, or civil defence unit or serve in a security orga			No	Yes	
	or volunteer units)?						
	b) If you answered "yes" to question 4a), please provide dates of service and countries or territories where you served.						
	Provide additional details here if you selected "yes" for 4(a), otherwise write "NA".						
						1	

	PAGE 5 OF 5
Applicant Name	Date of Birth
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?	Yes
6 Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? No	Yes
SIGNATURE	
Citizenship and Immigration Canada (CIC), or an organization at CIC' request, may want to contact you in the future to ask you about any services you received from CIC prior to a application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other indi research, performance measurement or evaluation purposes. CIC will not use this information ad decisions about you personally.	services),
Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? No Ves O Propriate answer, usually	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 p 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 P 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 per 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 of to the purpose of determining whether I am in compliance with these conditions of my study per 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. If you are applying online, simply validate and save the file with signing.	hout
Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.           Date: YYYY-MM-DD	
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 comprovided all of the required documents as per the document checklist.	npleted and
DISCLOSURE	
Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided to with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Can Intelligence Service (CSIS), the Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), the Canada Revenue provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to or validated with foreign law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to a programs.	adian Security Agency (CRA), governments, the individual dminister their w enforcement y 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 or cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric record governments with whom Canada has an agreement or arrangement.	

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the <u>Infosource website</u> and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.

Click "Validate" here.

Validating the form will generate a page of bar codes. Save the form after validating, then upload it to your MyCIC account. If you make changes after validation, please validate again.