



APPLICATION FOR STUDY PERMIT MADE OUTSIDE OF CANADA

If you need more space for any section, print out an additional page containing the appropriate instructions.

Validate

*This document should be used only as a guide to help you complete the form for your Study Permit Application from Outside Canada. For the most up-to-date information and details on how to complete the IMM 1294e form, please refer to Guide 5269
<https://www.canada.ca/en/immigration-refugees-citizenship/services/application/application-forms-guides/guide-5269-applying-study-permit-outside-canada.html>*

1 UCI This is an 8-10 digit number. Type your UCI if known. Otherwise, leave it blank. If this is your first time dealing with IRCC, you will not have an UCI.
2 *I want service in Choose your preferred language.

Validated

PERSONAL DETAILS

1 Full name *Family name (as shown on your passport or travel document) Enter as per your passport		Given name(s) (as shown on your passport or travel document)	
2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? b) Family name		<input type="checkbox"/> *No <input type="checkbox"/> *Yes Answer as per your situation. Given name(s)	
3 *Sex	4 Date of birth *YYYY *MM *DD	5 Place of birth *City/Town *Country or Territory	
6 *Citizenship			
7 Current country or territory of residence:			
Country or Territory	Status	Other	From To
Enter the country's information where you are currently residing.			YYYY-MM-DD YYYY-MM-DD
8 Previous countries or territories of residence: During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months? Answer as per your situation. <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
Country or Territory	Status	Other	From To
If you said 'yes' to Q.8, provide information for all the countries where you lived for more than 6 months during the past five years.			YYYY-MM-DD YYYY-MM-DD
			YYYY-MM-DD YYYY-MM-DD
9 Country or territory where applying: Same as current country or territory of residence? <input type="checkbox"/> *No <input type="checkbox"/> *Yes Answer as per your situation.			
Country or Territory	Status	Other	From To
If you answered 'no' to Q.9, provide information regarding the country from where you will be submitting your application.			YYYY-MM-DD YYYY-MM-DD
10 *a) Your current marital status Answer as per your situation.		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship	
		Date YYYY-MM-DD	
c) Provide the name of your current Spouse/Common-law partner Family name		Given name(s)	

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name

Date of Birth

PERSONAL DETAILS (CONTINUED)

11 a) Have you previously been married or in a common-law relationship? ☐ *No ☐ *Yes **Answer as per your situation.**

b) Provide the following details for your previous Spouse/Common-law Partner:

Family name

Given name(s)

If applicable, provide details of your ex-spouse or common-law partner.

c) Date of birth

d) Type of relationship

From

To

YYYY MM DD

YYYY-MM-DD

YYYY-MM-DD

LANGUAGE(S)

1 *a) Native language/ Mother Tongue

*b) Are you able to communicate in English and/or French?

c) In which language are you most at ease?

Select your native language**Answer as per your situation.****Choose the language you would most likely use**d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? ☐ *No ☐ *Yes

PASSPORT

1 *Passport number

2 *Country or territory of issue

3 *Issue date

4 *Expiry date

Q#1-4: Provide the most current passport details here. If your passport will expire soon, have it renewed (Study Permit cannot be issued past the expiry date of your passport).

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?

☐ *No ☐ *Yes**Answer as per your situation.**

6 * For this trip, will you use a National Israeli passport?

☐ *No ☐ *Yes

NATIONAL IDENTITY DOCUMENT

1 Do you have a national identity document?

☐ *No ☐ *Yes**If you have a government issued identity document, other than passport, select "Yes".**

2 Document number

3 Country or territory of issue

4 Issue date

5 Expiry date

Q# 2-5: Enter details of your national identity document, if applicable.

YYYY-MM-DD

YYYY-MM-DD

US PR CARD

1 Are you a lawful permanent resident of the United States? **Answer as per your situation** ☐ *No ☐ *Yes

2 U.S. Citizenship and Immigration Services (USCIS) number

3 Expiry date

Q# 2-3: Enter relevant details here if you responded "yes" to the above question regarding US PR Card.

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**

P.O. box

Apt/Unit

Street no.

*Street name

Enter your full address. If you do not have a P.O. box number, put 'NA'. If you live in an apartment or townhome, enter the unit number, otherwise put 'NA'. The street no. is also referred to as your house number or building number (you must provide this if you did not enter a P.O. box number). Enter the street name. Do not abbreviate words (Street, Avenue, Drive, etc.)

*City/Town

*Country or Territory

Province/State

Postal code

District

2 **Residential address** Same as mailing address? ☐ *No ☐ *Yes

If the address you live at is the same as your mailing address then select "yes", otherwise select "no" and provide your residential address details here.

Apt/Unit

Street no.

Street name

Country or Territory

Province/State

Postal code

District

Applicant Name		Date of Birth	
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Type Country Code No. Ext.		4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Type Country Code No. Ext.	
5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Country Code No. Ext.		6 E-mail address If you provide your email ID, you are authorizing IRCC to send all correspondence electronically to the email address provided.	

DETAILS OF INTENDED STUDY IN CANADA

1 I have been accepted at the following educational institution (Attach the original letter of acceptance).			
a) Name of School Type "Kwantlen Polytechnic University"		b) My level of study will be: Select the appropriate level of study as stated in your LOA	
d) Complete address of school in Canada *Province *City/Town *Address Enter the school's address as provided in your LOA		c) My field of study will be: Select the field of study as stated in your LOA	
2 a) Designated Learning Institution # (O#) Enter the DLI # as stated in your LOA		b) My Student ID # is: Enter your student ID # as provided in your offer letter or LOA	
3 Duration of expected study Enter start date of your program YYYY-MM-DD		*To Enter anticipated program completion date YYYY-MM-DD	
4 The cost of my studies will be: *Tuition [Room and board] Other Enter the estimated tuition fee amount provided in your LOA. For room and board expense, refer to the following link https://www.canada.ca/en/immigration-refugees-citizenship/services/study-canada/study-permit/get-documents.html		5 *Funds available for my stay (CAD) 5) The minimum funds available must be the sum of tuition plus \$10,000 for a single student	
6 a) My expenses in Canada will be paid by:		b) Other 6) Select the answer that best shows where the funds are available for your stay. If you choose "Parents" you will need a support letter along with their bank statements.	

If you are less than 17 years of age, you must fill out the Custodian Declaration (IMM 5646) 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	Field and level of study	School/Facility name
	YYYY MM		
	To	City/Town	Country or Territory
	YYYY MM		
Answer 'Yes' if you are a transfer or graduate student. Then enter your previous college or university study information here.			Answer 'No' if you are coming to KPU directly from high school. In this case, no further education details need to be provided.
			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	*Current Activity/Occupation	*Company/Employer/Facility name
	*YYYY *MM	Provide details of any job you held for the past 10 years. If you do not work, describe what you are currently doing (retired, not working, going to school, etc.). If you are retired, include the details about the 10 years before your retirement.	
	To	*City/Town	*Country or Territory
	YYYY MM	If you need more space, print out another page of the form, fill in this section and submit it with your application.	Province/State
2	From	Previous Activity/Occupation	Company/Employer/Facility name
	YYYY MM		
	To	City/Town	Country or Territory
	YYYY MM		Province/State
3	From	Previous Activity/Occupation	Company/Employer/Facility name
	YYYY MM		
	To	City/Town	Country or Territory
	YYYY MM		Province/State

Applicant Name

Date of Birth

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older. Read each question carefully and select 'Yes' or 'No' appropriately.

Clear Section

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?

☐ No☐ 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?

☐ No☐ Yes

c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).

Provide additional details here if you selected "yes" for 1(a) or 1(b).

2

a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?

☐ No☐ Yes

Read each question carefully and select 'Yes' or 'No' appropriately.

b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory?

☐ No☐ Yes

c) Have you previously applied to enter or remain in Canada?

☐ No☐ Yes

d) If you answered "yes" to question 2a), 2b) or 2c), please provide details.

Provide additional details here if you selected "yes" for 2(a), 2(b) or 2(c).

Example: My study permit application to Canada was refused in [year].

3

a) Have you ever committed, been arrested for, or been charged with or convicted of any criminal offence in any country or territory?

☐ No☐ Yes

b) If you answered "yes" to question 3a) above, please provide details.

Choose 'Yes' or 'No' as it applies to you.

Provide additional details here if you said "yes" to question 3(a).

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)?

☐ No☐ Yes

Choose 'Yes' or 'No' as it applies to you.

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 said "yes" to question 4(a).

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?

☐ No☐ Yes

6

Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?

☐ No☐ Yes

For Q 5 & 6, choose 'Yes' or 'No' as it applies to you.

If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.

← Please note the following.

Applicant Name

Date of Birth

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? (Y/N)

☐ 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.

Type your full name (signature is not required)

Date: YYYY-MM-DD

Date of application

**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 collected on an application, and other information collected in support of an application, may be used for advanced analytics, automation, and other technologies 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

Click on the VALIDATE button before submitting the form. Validating the form will generate a page of bar codes. Save the form after validating. If you make changes after validation, please validate again.